

Conference Engrossed

State of Arizona
House of Representatives
Forty-fifth Legislature
Second Regular Session
2002

CHAPTER 277

HOUSE BILL 2542

AN ACT

AMENDING SECTIONS 31-241, 32-1401, 32-1405, 32-1800, 32-1904, 32-2501, 32-2502, 32-2503, 32-2504, 32-2505, 32-2521, 32-2522, 32-2528, 32-2532, 32-2533, 32-2534, 32-2551, 32-2552, 41-1092 AND 41-3008.12, ARIZONA REVISED STATUTES; AMENDING TITLE 32, CHAPTER 25, ARTICLE 1, ARIZONA REVISED STATUTES, BY ADDING SECTION 32-2507; AMENDING TITLE 32, CHAPTER 25, ARTICLE 4, ARIZONA REVISED STATUTES, BY ADDING SECTIONS 32-2557 AND 32-2558; RELATING TO THE REGULATORY BOARD OF PHYSICIAN ASSISTANTS.

(TEXT OF BILL BEGINS ON NEXT PAGE)



Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 31-241, Arizona Revised Statutes, is amended to read:

31-241. Inmate complaints to boards; procedure

A. An inmate shall exhaust all internal department grievance procedures before filing a complaint with any of the following boards:

1. The state dental board established by section 32-1203.

2. The joint ARIZONA REGULATORY board on the regulation of physician assistants established by section 32-2502.

3. The allopathic board of medical examiners established by section 32-1402.

4. The state board of nursing established by section 32-1602.

5. The board of occupational therapy examiners established by section 32-3402.

6. The Arizona board of osteopathic examiners in medicine and surgery established by section 32-1801.

7. The Arizona state board of pharmacy established by section 32-1902.

8. The state board of psychologist examiners established by section 32-2062.

9. The medical radiologic technology board of examiners established by section 32-2802.

B. If an inmate files a complaint with a board pursuant to subsection A of this section, the inmate shall attach a copy of the final department grievance response to the complaint.

Sec. 2. Section 32-1401, Arizona Revised Statutes, is amended to read:

32-1401. Definitions

In this chapter, unless the context otherwise requires:

1. "Active license" means a valid and existing license to practice medicine.

2. "Adequate records" means legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment.

3. "Advisory letter" means a nondisciplinary letter to notify a licensee that while there is insufficient evidence to support disciplinary action the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee.

4. "Approved hospital internship, residency or clinical fellowship program" means a program at a hospital that at the time the training occurred was legally incorporated and that had a program that was approved for internship, fellowship or residency training by the accreditation council for graduate medical education, the association of American medical colleges, the royal college of physicians and surgeons of Canada or any similar body in the

1 United States or Canada approved by the board whose function is that of
2 approving hospitals for internship, fellowship or residency training.

3 5. "Approved school of medicine" means any school or college offering
4 a course of study that, on successful completion, results in the degree of
5 doctor of medicine and whose course of study has been approved or accredited
6 by an educational or professional association, recognized by the board,
7 including the association of American medical colleges, the association of
8 Canadian medical colleges or the American medical association.

9 6. "Board" means the allopathic board of medical examiners of the
10 state of Arizona.

11 7. "Completed application" means that the applicant has supplied all
12 required fees, information and correspondence requested by the board on forms
13 and in a manner acceptable to the board.

14 8. "Direct supervision" means that a physician, physician assistant
15 licensed pursuant to chapter 25 of this title or nurse practitioner certified
16 pursuant to chapter 15 of this title is within the same room or office suite
17 as the medical assistant in order to be available for consultation regarding
18 those tasks the medical assistant performs pursuant to section 32-1456.

19 9. "Dispense" means the delivery by a doctor of medicine of a
20 prescription drug or device to a patient, except for samples packaged for
21 individual use by licensed manufacturers or repackagers of drugs, and
22 includes the prescribing, administering, packaging, labeling and security
23 necessary to prepare and safeguard the drug or device for delivery.

24 10. "Doctor of medicine" means a natural person holding a license,
25 registration or permit to practice medicine pursuant to this chapter.

26 11. "Full-time faculty member" means a physician employed full time as
27 a faculty member while holding the academic position of assistant professor
28 or a higher position at an approved school of medicine.

29 12. "Health care institution" means any facility as defined in section
30 36-401, any person authorized to transact disability insurance, as defined
31 in title 20, chapter 6, article 4 or 5, any person who is issued a
32 certificate of authority pursuant to title 20, chapter 4, article 9 or any
33 other partnership, association or corporation that provides health care to
34 consumers.

35 13. "Immediate family" means the spouse, natural or adopted children,
36 father, mother, brothers and sisters of the doctor and the natural or adopted
37 children, father, mother, brothers and sisters of the doctor's spouse.

38 ~~14. "Joint board" means the joint board on the regulation of physician~~
39 ~~assistants established pursuant to chapter 25 of this title.~~

40 14. "Letter of reprimand" means a disciplinary letter that is
41 issued by the board and that informs the physician that the physician's
42 conduct violates state or federal law and may require the board to monitor
43 the physician.

44 15. "Medical assistant" means an unlicensed person who meets the
45 requirements of section 32-1456, has completed an education program approved

1 by the board, assists in a medical practice under the supervision of a doctor
2 of medicine, physician assistant or nurse practitioner and performs delegated
3 procedures commensurate with the assistant's education and training but does
4 not diagnose, interpret, design or modify established treatment programs or
5 perform any functions that would violate any statute applicable to the
6 practice of medicine.

7 ~~17-~~ 16. "Medical peer review" means:

8 (a) The participation by a doctor of medicine in the review and
9 evaluation of the medical management of a patient and the use of resources
10 for patient care.

11 (b) Activities relating to a health care institution's decision to
12 grant or continue privileges to practice at that institution.

13 ~~18-~~ 17. "Medically incompetent" means a person who the board
14 determines is incompetent based on a variety of factors including:

15 (a) A lack of sufficient medical knowledge or skills, or both, to a
16 degree likely to endanger the health of patients.

17 (b) When considered with other indications of medical incompetence,
18 failing to obtain a scaled score of at least seventy-five per cent on the
19 written special purpose licensing examination administered by the board.

20 ~~19-~~ 18. "Medicine" means allopathic medicine as practiced by the
21 recipient of a degree of doctor of medicine.

22 ~~20-~~ 19. "Physician" means a doctor of medicine licensed pursuant to
23 this chapter.

24 ~~21-~~ 20. "Practice of medicine" means the diagnosis, the treatment or
25 the correction of or the attempt or the holding of oneself out as being able
26 to diagnose, treat or correct any and all human diseases, injuries, ailments,
27 infirmities, deformities, physical or mental, real or imaginary, by any
28 means, methods, devices or instrumentalities, except as the same may be among
29 the acts or persons not affected by this chapter. The practice of medicine
30 includes the practice of medicine alone or the practice of surgery alone, or
31 both.

32 ~~22-~~ 21. "Special purpose licensing examination" means an examination
33 developed by the national board of medical examiners on behalf of the
34 federation of state medical boards for use by state licensing boards to test
35 the basic medical competence of physicians who are applying for licensure and
36 who have been in practice for a considerable period of time in another
37 jurisdiction and to determine the competence of a physician under
38 investigation by a state licensing board.

39 ~~23-~~ 22. "Teaching hospital's accredited graduate medical education
40 program" means that the hospital is incorporated and has an internship,
41 fellowship or residency training program that is accredited by the
42 accreditation council for graduate medical education, the American medical
43 association, the association of American medical colleges, the royal college
44 of physicians and surgeons of Canada or a similar body in the United States

1 or Canada approved by the board whose function is that of approving hospitals
2 for internship, fellowship or residency training.

3 24. 23. "Teaching license" means a valid license to practice medicine
4 as a full-time faculty member of an approved school of medicine or a teaching
5 hospital's accredited graduate medical education program.

6 25. 24. "Unprofessional conduct" includes the following, whether
7 occurring in this state or elsewhere:

8 (a) Violating any federal or state laws or rules and regulations
9 applicable to the practice of medicine.

10 (b) Intentionally disclosing a professional secret or intentionally
11 disclosing a privileged communication except as either act may otherwise be
12 required by law.

13 (c) False, fraudulent, deceptive or misleading advertising by a doctor
14 of medicine or the doctor's staff, employer or representative.

15 (d) Committing a felony, whether or not involving moral turpitude, or
16 a misdemeanor involving moral turpitude. In either case, conviction by any
17 court of competent jurisdiction or a plea of no contest is conclusive
18 evidence of the commission.

19 (e) Failing or refusing to maintain adequate records on a patient.

20 (f) Habitual intemperance in the use of alcohol or habitual substance
21 abuse.

22 (g) Using controlled substances except if prescribed by another
23 physician for use during a prescribed course of treatment.

24 (h) Prescribing or dispensing controlled substances to members of the
25 physician's immediate family.

26 (i) Prescribing, dispensing or administering schedule II controlled
27 substances as defined in section 36-2513 including amphetamines and similar
28 schedule II sympathomimetic drugs in the treatment of exogenous obesity for
29 a period in excess of thirty days in any one year, or the non-therapeutic use
30 of injectable amphetamines.

31 (j) Prescribing, dispensing or administering any controlled substance
32 or prescription-only drug for other than accepted therapeutic purposes.

33 (k) Signing a blank, undated or predated prescription form.

34 (l) Conduct that the board determines is gross malpractice, repeated
35 malpractice or any malpractice resulting in the death of a patient.

36 (m) Representing that a manifestly incurable disease or infirmity can
37 be permanently cured, or that any disease, ailment or infirmity can be cured
38 by a secret method, procedure, treatment, medicine or device, if such is not
39 the fact.

40 (n) Refusing to divulge to the board on demand the means, method,
41 procedure, modality of treatment or medicine used in the treatment of a
42 disease, injury, ailment or infirmity.

43 (o) Action that is taken against a doctor of medicine by another
44 licensing or regulatory jurisdiction due to that doctor's mental or physical
45 inability to engage safely in the practice of medicine, the doctor's medical

1 incompetence or for unprofessional conduct as defined by that jurisdiction
2 and that corresponds directly or indirectly to an act of unprofessional
3 conduct prescribed by this paragraph. The action taken may include refusing,
4 denying, revoking or suspending a license by that jurisdiction or a
5 surrendering of a license to that jurisdiction, otherwise limiting,
6 restricting or monitoring a licensee by that jurisdiction or placing a
7 licensee on probation by that jurisdiction.

8 (p) Sanctions imposed by an agency of the federal government,
9 including restricting, suspending, limiting or removing a person from the
10 practice of medicine or restricting that person's ability to obtain financial
11 remuneration.

12 (q) Any conduct or practice that is or might be harmful or dangerous
13 to the health of the patient or the public.

14 (r) Violating a formal order, probation, consent agreement or
15 stipulation issued or entered into by the board or its executive director
16 under the provisions of this chapter.

17 (s) Violating or attempting to violate, directly or indirectly, or
18 assisting in or abetting the violation of or conspiring to violate any
19 provision of this chapter.

20 (t) Knowingly making any false or fraudulent statement, written or
21 oral, in connection with the practice of medicine or if applying for
22 privileges or renewing an application for privileges at a health care
23 institution.

24 (u) Charging a fee for services not rendered or dividing a
25 professional fee for patient referrals among health care providers or health
26 care institutions or between these providers and institutions or a
27 contractual arrangement that has the same effect.

28 (v) Obtaining a fee by fraud, deceit or misrepresentation.

29 (w) Charging or collecting a clearly excessive fee. In determining
30 if a fee is clearly excessive, the board shall consider the fee or range of
31 fees customarily charged in the state for similar services in light of
32 modifying factors such as the time required, the complexity of the service
33 and the skill requisite to perform the service properly. This subdivision
34 does not apply if there is a clear written contract for a fixed fee between
35 the physician and the patient that has been entered into before the provision
36 of service.

37 (x) Fetal experiments conducted in violation of section 36-2302.

38 (y) The use of experimental forms of diagnosis and treatment without
39 adequate informed patient consent, and without conforming to generally
40 accepted experimental criteria, including protocols, detailed records,
41 periodic analysis of results and periodic review by a medical peer review
42 committee as approved by the federal food and drug administration or its
43 successor agency.

44 (z) Engaging in sexual conduct with a current patient or with a former
45 patient within six months after the last medical consultation unless the

1 patient was the licensee's spouse at the time of the contact or, immediately
2 preceding the physician-patient relationship, was in a dating or engagement
3 relationship with the licensee. For the purposes of this subdivision,
4 "sexual conduct" includes:

5 (i) Engaging in or soliciting sexual relationships, whether consensual
6 or nonconsensual.

7 (ii) Making sexual advances, requesting sexual favors or engaging in
8 any other verbal conduct or physical contact of a sexual nature with a
9 patient.

10 (iii) Intentionally viewing a completely or partially disrobed patient
11 in the course of treatment if the viewing is not related to patient diagnosis
12 or treatment under current practice standards.

13 (aa) Procuring or attempting to procure a license to practice medicine
14 or a license renewal by fraud, by misrepresentation or by knowingly taking
15 advantage of the mistake of another person or an agency.

16 (bb) Representing or holding oneself out as being a medical specialist
17 when such is not the fact.

18 (cc) Maintaining a professional connection with or lending one's name
19 to enhance or continue the activities of an illegal practitioner of medicine.

20 (dd) Failing to furnish information in a timely manner to the board
21 or its investigators or representatives if legally requested by the board.

22 (ee) Failing to allow properly authorized board personnel on demand
23 to examine and have access to documents, reports and records maintained by
24 the physician that relate to his THE PHYSICIAN'S medical practice or
25 medically related activities.

26 (ff) Knowingly failing to disclose to a patient on a form that is
27 prescribed by the board and that is dated and signed by the patient or
28 guardian acknowledging that the patient or guardian has read and understands
29 that the doctor has a direct financial interest in a separate diagnostic or
30 treatment agency or in non-routine goods or services that the patient is
31 being prescribed and if the prescribed treatment, goods or services are
32 available on a competitive basis. This subdivision does not apply to a
33 referral by one doctor of medicine to another doctor of medicine within a
34 group of doctors of medicine practicing together.

35 (gg) Using chelation therapy in the treatment of arteriosclerosis or
36 as any other form of therapy, with the exception of treatment of heavy metal
37 poisoning, without:

38 (i) Adequate informed patient consent.

39 (ii) Conforming to generally accepted experimental criteria, including
40 protocols, detailed records, periodic analysis of results and periodic review
41 by a medical peer review committee.

42 (iii) Approval by the federal food and drug administration or its
43 successor agency.

44 (hh) Prescribing, dispensing or administering anabolic-androgenic
45 steroids to a person for other than therapeutic purposes.

1 (ii) Lack of or inappropriate direction, collaboration or direct
2 supervision of a medical assistant or a licensed, certified or registered
3 health care provider employed by, supervised by or assigned to the physician.

4 (jj) Knowingly making a false or misleading statement to the board or
5 on a form required by the board or in a written correspondence, including
6 attachments, with the board.

7 (kk) Failing to dispense drugs and devices in compliance with article
8 6 of this chapter.

9 (ll) Conduct that the board determines is gross negligence, repeated
10 negligence or negligence resulting in harm to or the death of a patient.

11 (mm) The representation by a doctor of medicine or the doctor's staff,
12 employer or representative that the doctor is boarded or board certified if
13 this is not true or the standing is not current or without supplying the full
14 name of the specific agency, organization or entity granting this standing.

15 (nn) Refusing to submit to a body fluid examination as required by the
16 board pursuant to section 32-1452 or pursuant to a board investigation into
17 a doctor of medicine's alleged substance abuse.

18 (oo) Failing to report in writing to the board or the joint REGULATORY
19 board OF PHYSICIAN ASSISTANTS any evidence that a doctor of medicine or a
20 physician assistant is or may be medically incompetent, guilty of
21 unprofessional conduct or mentally or physically unable to safely practice
22 medicine or as a physician assistant.

23 (pp) The failure of a physician who is the chief executive officer,
24 the medical director or the medical chief of staff of a health care
25 institution to report in writing to the board that the hospital privileges
26 of a doctor of medicine have been denied, revoked, suspended, supervised or
27 limited because of actions by the doctor that appear to show that the doctor
28 is or may be medically incompetent, is or may be guilty of unprofessional
29 conduct or is or may be unable to engage safely in the practice of medicine.

30 (qq) Representing oneself to be a current member of the board, its
31 staff or a board medical consultant if this is not true.

32 (rr) Failing to make patient medical records in the physician's
33 possession promptly available to a physician assistant, a nurse practitioner,
34 a person licensed pursuant to this chapter or a podiatrist, chiropractor,
35 naturopathic physician, osteopathic physician or homeopathic physician
36 licensed under chapter 7, 8, 14, 17 or 29 of this title on receipt of proper
37 authorization to do so from the patient, a minor patient's parent, the
38 patient's legal guardian or the patient's authorized representative or
39 failing to comply with title 12, chapter 13, article 7.1.

40 (ss) Prescribing, dispensing or furnishing a prescription medication
41 or a prescription-only device as defined in section 32-1901 to a person
42 unless the licensee first conducts a physical examination of that person or
43 has previously established a doctor-patient relationship. This subdivision
44 does not apply to:

1 (i) A physician who provides temporary patient supervision on behalf
2 of the patient's regular treating licensed health care professional.

3 (ii) Emergency medical situations as defined in section 41-1831.

4 (iii) Prescriptions written to prepare a patient for a medical
5 examination.

6 Sec. 3. Section 32-1405, Arizona Revised Statutes, is amended to read:

7 32-1405. Executive director; compensation; duties; appeal to
8 the board

9 A. The board shall appoint an executive director who shall serve at
10 the pleasure of the board. The executive director shall not be a board
11 member, except that the board may authorize the executive director to
12 represent the board and to vote on behalf of the board at meetings of the
13 federation of state medical boards of the United States.

14 B. The executive director is eligible to receive compensation set by
15 the board within the range determined under section 38-611.

16 C. The executive director or the executive director's designee shall:

17 1. Employ, evaluate, dismiss, discipline and direct professional,
18 clerical, technical, investigative and administrative personnel necessary to
19 carry on the work of the board.

20 2. Set compensation for board employees within the range determined
21 under section 38-611.

22 3. As directed by the board, prepare and submit recommendations for
23 amendments to the medical practice act for consideration by the legislature.

24 4. Appoint and employ medical consultants and agents necessary to
25 conduct investigations, gather information and perform those duties the
26 executive director determines are necessary and appropriate to enforce this
27 chapter.

28 5. Issue licenses, registrations and permits to applicants who meet
29 the requirements of this chapter.

30 6. Manage the board's offices.

31 7. Prepare minutes, records, reports, registries, directories, books
32 and newsletters and record all board transactions and orders.

33 8. Collect all monies due and payable to the board.

34 9. Pay all bills for authorized expenditures of the board and its
35 staff.

36 10. Prepare an annual budget.

37 11. Submit a copy of the budget each year to the governor, the speaker
38 of the house of representatives and the president of the senate.

39 12. Initiate an investigation if evidence appears to demonstrate that
40 a physician may be engaged in unprofessional conduct or may be medically
41 incompetent or mentally or physically unable to safely practice medicine.

42 13. Issue subpoenas if necessary to compel the attendance and testimony
43 of witnesses and the production of books, records, documents and other
44 evidence.

1 14. Provide assistance to the attorney general in preparing and sign
2 and execute disciplinary orders, rehabilitative orders and notices of
3 hearings as directed by the board.

4 15. Enter into contracts for goods and services pursuant to title 41,
5 chapter 23 that are necessary to carry out board policies and directives.

6 16. Execute board directives.

7 17. Manage and supervise the operation of the joint REGULATORY board
8 ~~on the regulation~~ of physician assistants.

9 18. Issue ~~certificates~~ LICENSES to physician assistant applicants who
10 meet the requirements of chapter 25 of this title.

11 19. Represent the board with the federal government, other states or
12 jurisdictions of the United States, this state, political subdivisions of
13 this state, the news media and the public.

14 20. On behalf of the board, enter into stipulated agreements with
15 persons under the jurisdiction of either the board or the joint REGULATORY
16 board ~~on the regulation~~ of physician assistants for the treatment,
17 rehabilitation and monitoring of chemical substance abuse or misuse.

18 21. Review all complaints filed pursuant to section 32-1451. If
19 delegated by the board, the executive director may also dismiss complaints
20 A COMPLAINT if the complaint is without merit.

21 22. If delegated by the board, directly refer cases to a formal
22 hearing.

23 23. If delegated by the board, close cases resolved through mediation.

24 24. If delegated by the board, issue advisory letters.

25 25. If delegated by the board, enter into a consent agreement if there
26 is evidence of danger to the public health and safety.

27 26. If delegated by the board, grant uncontested requests for inactive
28 status and cancellation of a license pursuant to sections 32-1431 and
29 32-1433.

30 27. If delegated by the board, refer cases to the board for a formal
31 interview.

32 28. Perform all other administrative, licensing or regulatory duties
33 required by the board.

34 D. Medical consultants and agents appointed pursuant to subsection C,
35 paragraph 4 of this section are eligible to receive compensation determined
36 by the executive director in an amount not to exceed two hundred dollars for
37 each day of service. 0

38 E. A person who is aggrieved by an action taken by the executive
39 director may request the board to review that action by filing with the board
40 a written request within thirty days after that person is notified of the
41 executive director's action by personal delivery or certified mail to that
42 person's last known residence or place of business. At the next regular
43 board meeting, the board shall review the executive director's action. On
44 review, the board shall approve, modify or reject the executive director's
45 action.

1 Sec. 4. Section 32-1800, Arizona Revised Statutes, is amended to read:
2 32-1800. Definitions

3 In this chapter, unless the context otherwise requires:

4 1. "Active license" means a valid license to practice medicine.

5 2. "Adequate records" means legible medical records containing, at a
6 minimum, sufficient information to identify the patient, support the
7 diagnosis, justify the treatment, accurately document the results, indicate
8 advice and cautionary warnings provided to the patient and provide sufficient
9 information for another licensed health care practitioner to assume
10 continuity of the patient's care at any point in the course of treatment.

11 3. "Approved fellowship program" means that an applicant for licensure
12 completed training when the hospital or other facility in which the training
13 occurred was approved for fellowship by the American osteopathic association
14 or by the accreditation council on graduate medical education.

15 4. "Approved hospital internship" means that an applicant for
16 licensure completed training when the hospital or other facility in which the
17 training occurred was approved for internship by the American osteopathic
18 association or by the accreditation council on graduate medical education.

19 5. "Approved preceptorship" means that an applicant for licensure
20 completed training when the hospital or other facility in which the training
21 occurred was approved for preceptorship by the American osteopathic
22 association or by the accreditation council on graduate medical education.

23 6. "Approved residency" means that an applicant for licensure
24 completed training when the hospital or other facility in which the training
25 occurred was approved for residency by the American osteopathic association
26 or by the accreditation council on graduate medical education.

27 7. "Approved school of osteopathic medicine" means a school or college
28 offering a course of study which THAT, on successful completion, results in
29 the awarding of the degree of doctor of osteopathy and whose course of study
30 has been approved or accredited by the American osteopathic association.

31 8. "Board" means the Arizona board of osteopathic examiners in
32 medicine and surgery.

33 9. "Completed application" means an application for which the
34 applicant has supplied all required fees, information and correspondence
35 required by the board on forms and in a manner approved by the board.

36 10. "Decree of censure" means a formal written reprimand by the board
37 of a physician for a violation of this chapter that constitutes an official
38 action against a physician's license.

39 11. "Direct supervision" means that a physician is within the same room
40 or office, suite as the medical assistant in order to be available for
41 consultation regarding those tasks the medical assistant performs pursuant
42 to section 32-1859.

43 12. "Dispense" means the delivery by a physician of a prescription drug
44 or device to a patient, except for samples packaged for individual use by
45 licensed manufacturers or repackagers of drugs, and includes the prescribing,

1 administering, packaging, labeling and security necessary to prepare and
2 safeguard the drug or device for delivery.

3 13. "Doctor of osteopathy" means a person who holds a license,
4 registration or permit to practice medicine pursuant to this chapter.

5 14. "Full-time faculty member" means a physician employed full time as
6 a faculty member while holding the academic position of assistant professor
7 or a higher position at an approved school of osteopathic medicine.

8 15. "Immediate family" means the spouse, natural or adopted children,
9 father, mother, brothers and sisters of the physician and the natural and
10 adopted children, father, mother, brothers and sisters of the physician's
11 spouse.

12 16. "Inappropriate fee" means a fee that is not supported by
13 documentation of time, complexity or extreme skill required to perform the
14 service.

15 17. "Investigative hearing" means a meeting between the board and a
16 physician to discuss issues set forth in the investigative hearing notice and
17 during which the board may hear statements from board staff, the complainant
18 and the physician.

19 ~~18. "Joint board" means the joint board on the regulation of physician~~
20 ~~assistants established pursuant to chapter 25 of this title.~~

21 ~~19.~~ 18. "Letter of concern" means an advisory letter to notify a
22 physician that while there is insufficient evidence to support direct action
23 against the physician's license there is sufficient evidence for the board
24 to notify the physician of its concern. A letter of concern is a public
25 document for five years after it is issued and may be used in future
26 disciplinary actions against the physician.

27 ~~20.~~ 19. "Medical assistant" means an unlicensed person who has
28 completed an educational program approved by the board, who assists in a
29 medical practice under the supervision of a doctor of osteopathic medicine
30 and who performs delegated procedures commensurate with the assistant's
31 education and training but who does not diagnose, interpret, design or modify
32 established treatment programs or violate any statute.

33 ~~21.~~ 20. "Medical peer review" means the participation by a doctor of
34 osteopathy in the review and evaluation of the medical management of a
35 patient and the use of resources for patient care as well as activities
36 relating to a health care institution's decision to grant or continue
37 privileges to practice at that institution.

38 ~~22.~~ 21. "Medically incompetent" means that a person lacks sufficient
39 medical knowledge or skills, or both, to a degree likely to endanger the
40 health of patients or fails to obtain a scaled score of at least seventy-five
41 per cent on the written special purpose licensing examination administered
42 by the board.

43 ~~23.~~ 22. "Medicine" means osteopathic medicine as practiced by a person
44 who receives a degree of doctor of osteopathy.

1 ~~24.~~ 23. "Physician" means a doctor of osteopathic medicine who holds
2 a license to practice osteopathic medicine pursuant to this chapter.

3 ~~25.~~ 24. "Practice of medicine" or "practice of osteopathic medicine"
4 means all of the following:

5 (a) To examine, diagnose, treat, prescribe for, palliate, prevent or
6 correct human diseases, injuries, ailments, infirmities and deformities,
7 physical or mental conditions, real or imaginary, by the use of drugs,
8 surgery, manipulation, electricity or any physical, mechanical or other means
9 as provided by this chapter.

10 (b) Suggesting, recommending, prescribing or administering any form
11 of treatment, operation or healing for the intended palliation, relief or
12 cure of any physical or mental disease, ailment, injury, condition or defect.

13 (c) The practice of osteopathic medicine alone or the practice of
14 osteopathic surgery or osteopathic manipulative therapy, or any combination
15 of either practice.

16 ~~26.~~ 25. "Special purpose licensing examination" means an examination
17 developed by the national board of medical examiners, on behalf of the
18 federation of state medical boards or the national board of osteopathic
19 medical examiners for use by state licensing boards, to test the basic
20 medical competency of physicians who are applying for licensure and who have
21 been in practice in another jurisdiction or to determine the competency of
22 a physician who has not been in practice for a considerable period of time
23 or who is under investigation.

24 ~~27.~~ 26. "Specialist" means a physician who has successfully completed
25 postdoctoral training in an approved fellowship program, an approved
26 preceptorship or an approved residency or who is board certified by a
27 specialty board approved by the board.

28 ~~28.~~ 27. "Subscription provider of health care" means an entity which
29 THAT, through contractual agreement, is responsible for the payment, in whole
30 or in part, of debts incurred by a person for medical or other health care
31 services.

32 Sec. 5. Section 32-1904, Arizona Revised Statutes, is amended to read:

33 32-1904. Powers and duties of board; immunity

34 A. The board shall:

35 1. Make bylaws and adopt rules that are necessary for the protection
36 of the public and that pertain to the practice of pharmacy, the
37 manufacturing, wholesaling or supplying of drugs, devices, poisons or
38 hazardous substances, the use of pharmacy technicians and support personnel
39 and the lawful performance of its duties.

40 2. Fix standards and requirements for the registration and
41 reregistration of pharmacies, except as otherwise specified.

42 3. Investigate compliance as to the quality, label and labeling of all
43 drugs, devices, poisons or hazardous substances and take action necessary to
44 prevent the sale of these if they do not conform to the standards prescribed
45 in this chapter, the official compendium or the federal act.

1 4. Enforce its rules. In so doing, the board or its agents have free
2 access at all reasonable hours to any pharmacy, manufacturer, wholesaler,
3 nonprescription drug permittee or other establishment in which drugs,
4 devices, poisons or hazardous substances are manufactured, processed, packed
5 or held, or to enter any vehicle being used to transport or hold such drugs,
6 devices, poisons or hazardous substances for the purpose:

7 (a) Of inspecting the establishment or vehicle to determine if any of
8 the provisions of this chapter or the federal act are being violated.

9 (b) Of securing samples or specimens of any drug, device, poison or
10 hazardous substance after paying or offering to pay for such sample.

11 (c) Of detaining or embargoing a drug, device, poison or hazardous
12 substance in accordance with section 32-1994.

13 5. Examine and license as pharmacists and pharmacy interns all
14 qualified applicants as provided by this chapter.

15 6. Issue duplicates of lost or destroyed permits on the payment of a
16 fee as prescribed by the board.

17 7. Adopt rules for the rehabilitation of pharmacists and pharmacy
18 interns as provided by this chapter.

19 8. At least once every three months notify pharmacies regulated
20 pursuant to this chapter of any modifications on prescription writing
21 privileges of podiatrists, dentists, doctors of medicine, registered nurse
22 practitioners, osteopathic physicians, veterinarians, physician assistants,
23 optometrists and homeopathic physicians of which it receives notification
24 from the board of podiatry examiners, board of dental examiners, allopathic
25 board of medical examiners, board of nursing, board of osteopathic examiners
26 in medicine and surgery, veterinary medical examining board, joint REGULATORY
27 board on the regulation of physician assistants, board of optometry or board
28 of homeopathic medical examiners.

29 B. The board may:

30 1. Employ chemists, compliance officers, clerical help and other
31 employees and provide laboratory facilities for the proper conduct of its
32 business.

33 2. Provide, by education of and information to the licensees and to
34 the public, assistance in the curtailment of abuse in the use of drugs,
35 devices, poisons and hazardous substances.

36 3. Approve or reject the manner of storage and security of drugs,
37 devices, poisons and hazardous substances.

38 4. Accept monies and services to assist in the enforcement of the
39 provisions of this chapter from other than licensees:

40 (a) For performing inspections and other board functions.

41 (b) For the cost of copies of the pharmacy and controlled substances
42 laws, the annual report of the board, and other information from the board.

43 5. Adopt rules for professional conduct appropriate to the
44 establishment and maintenance of a high standard of integrity and dignity in
45 the profession of pharmacy.

1 6. Grant permission to deviate from a state requirement for
2 experimentation and technological advances.

3 7. Adopt rules for the training and practice of pharmacy interns,
4 pharmacy technicians and support personnel.

5 8. Investigate alleged violations of this chapter, conduct hearings
6 in respect to violations, subpoena witnesses and take such action as it deems
7 necessary to revoke or suspend a license or a permit, place a licensee or
8 permittee on probation or warn a licensee or permittee under this chapter or
9 to bring notice of violations to the county attorney of the county in which
10 a violation took place or to the attorney general.

11 9. By rule approve colleges or schools of pharmacy.

12 10. By rule approve programs of practical experience, clinical
13 programs, internship training programs, programs of remedial academic work
14 and preliminary equivalency examinations as provided by this chapter.

15 11. Assist in the continuing education of pharmacists and pharmacy
16 interns.

17 12. Issue inactive status licenses as provided by this chapter.

18 13. Accept monies and services from the federal government or others
19 for educational, research or other purposes pertaining to the enforcement of
20 this chapter.

21 14. By rule except from the application of all or any part of this
22 chapter any material, compound, mixture or preparation containing any
23 stimulant or depressant substance included in section 13-3401, paragraph 6,
24 subdivision (b) or (c) from the definition of dangerous drug if the material,
25 compound, mixture or preparation contains one or more active medicinal
26 ingredients not having a stimulant or depressant effect on the central
27 nervous system, provided that such admixtures are included in such
28 combinations, quantity, proportion or concentration as to vitiate the
29 potential for abuse of the substances which THAT do have a stimulant or
30 depressant effect on the central nervous system.

31 15. Adopt rules for the revocation, suspension or reinstatement of
32 licenses or permits or the probation of licensees or permittees as provided
33 by this chapter.

34 C. The executive director and other permanent or temporary personnel
35 or agents of the board are not subject to civil liability for any act done
36 or proceeding undertaken or performed in good faith and in furtherance of the
37 purposes of this chapter.

38 Sec. 51 Section 32-2501, Arizona Revised Statutes, is amended to read:
39 32-2501. Definitions

40 In this chapter, unless the context otherwise requires:

41 1. "Active license" means a regular or temporary license issued
42 pursuant to this chapter. Active license does not include an inactive
43 license.

44 2. "Adequate records" means legible medical records containing, at a
45 minimum, sufficient information to identify the patient, support the

1 diagnosis, justify the treatment, accurately document the results, indicate
2 advice and cautionary warnings provided to the patient and provide sufficient
3 information for another practitioner to assume continuity of the patient's
4 care at any point in the course of treatment.

5 3. "ADVISORY LETTER" MEANS A NONDISCIPLINARY LETTER TO NOTIFY A
6 PHYSICIAN ASSISTANT THAT EITHER:

7 (a) WHILE THERE IS INSUFFICIENT EVIDENCE TO SUPPORT DISCIPLINARY
8 ACTION, THE BOARD BELIEVES THAT CONTINUATION OF THE ACTIVITIES THAT LED TO
9 THE INVESTIGATION MAY RESULT IN FURTHER BOARD ACTION AGAINST THE LICENSEE.

10 (b) THE VIOLATION IS A MINOR OR TECHNICAL VIOLATION THAT IS NOT OF
11 SUFFICIENT MERIT TO WARRANT DISCIPLINARY ACTION.

12 (c) WHILE THE LICENSEE HAS DEMONSTRATED SUBSTANTIAL COMPLIANCE THROUGH
13 REHABILITATION OR REMEDIATION THAT HAS MITIGATED THE NEED FOR DISCIPLINARY
14 ACTION, THE BOARD BELIEVES THAT REPETITION OF THE ACTIVITIES THAT LED TO THE
15 INVESTIGATION MAY RESULT IN FURTHER BOARD ACTION AGAINST THE LICENSEE.

16 ~~3.~~ 4. "Approved program" means a physician assistant educational
17 program that has been fully or provisionally accredited by the committee on
18 allied health education and accreditation or by the commission on the
19 accreditation for allied health education programs, or successor agencies,
20 on the recommendation of the accreditation review committee on education for
21 physician assistants.

22 ~~4.~~ 5. "Board" means the joint ARIZONA REGULATORY board on the
23 regulation of physician assistants.

24 ~~5.~~ 6. "Completed application" means an application for which the
25 applicant has supplied all required fees, information and correspondence
26 requested by the board on forms and in a manner acceptable to the board.

27 ~~6.~~ 7. "Immediate family" means the spouse, natural or adopted
28 children, father, mother, brothers and sisters of the physician assistant and
29 the natural or adopted children, father, mother, brothers and sisters of the
30 physician assistant's spouse.

31 ~~7.~~ "Letter of concern" means a nondisciplinary advisory letter to
32 notify a physician assistant that, while there is insufficient evidence to
33 support disciplinary action, the board believes the physician assistant
34 should modify or eliminate certain practices and that continuation of the
35 activities which led to the information being submitted to the board may
36 result in action against the physician assistant's license.

37 8. "LETTER OF REPRIMAND" MEANS A DISCIPLINARY LETTER THAT IS ISSUED
38 BY THE BOARD AND THAT INFORMS THE PHYSICIAN ASSISTANT THAT THE PHYSICIAN
39 ASSISTANT'S CONDUCT VIOLATES STATE OR FEDERAL LAW AND MAY REQUIRE THE BOARD
40 TO MONITOR THE PHYSICIAN ASSISTANT.

41 ~~8.~~ 9. "Medically incompetent" means that a physician assistant lacks
42 sufficient medical knowledge or skills, or both, in performing delegated
43 health care tasks to a degree likely to endanger the health or safety of
44 patients.

1 9. 10. "Minor surgery" means those invasive procedures that may be
2 delegated to a physician assistant by a supervising physician, that are
3 consistent with the training and experience of the physician assistant, that
4 are normally taught in courses of training approved by the board and, prior
5 to June 30, 1993, that have been approved by the board as falling within a
6 scope of practice of a physician assistant. MINOR SURGERY DOES NOT INCLUDE
7 A SURGICAL ABORTION.

8 10. 11. "Notification of supervision" means a written notice that is
9 provided to the board by a supervising physician and that notifies the board
10 that the physician intends to supervise a physician assistant. The physician
11 shall provide this notice on a form prescribed by the board before the
12 physician assistant begins work.

13 11. 12. "Physician" means a physician licensed pursuant to chapter 13
14 or 17 of this title.

15 12. 13. "Physician assistant" means a person who is licensed pursuant
16 to this chapter and who performs health care tasks pursuant to a dependent
17 relationship with a physician.

18 13. 14. "Primary place for meeting patients" includes the supervising
19 physician's office, health care institutions in which the supervising
20 physician's patients are located or homes of patients.

21 14. 15. "Regular license" means a valid and existing license issued
22 pursuant to section 32-2521 to perform health care tasks. Regular license
23 does not include a temporary license.

24 15. 16. "Supervising physician" means a physician who holds a current
25 unrestricted license, provides a notification of supervision, assumes legal
26 responsibility for health care tasks performed by the physician assistant and
27 is approved by the board. For purposes of this paragraph, a limited license
28 issued pursuant to section 32-1426, subsection C, before November 2, 1998 is
29 not a restriction.

30 16. 17. "Supervising physician's agent" means a physician who holds
31 a current unrestricted license, is a cosignatory on the notification of
32 supervision, agrees to act as the supervising physician in the supervising
33 physician's absence and is approved by the board. For purposes of this
34 paragraph, a limited license issued pursuant to section 32-1426, subsection
35 C, before November 2, 1998 is not a restriction.

36 17. 18. "Supervision" means a physician's opportunity or ability to
37 provide or exercise control over the services of a physician assistant.
38 Supervision does not require a physician's constant physical presence if the
39 supervising physician or the supervising physician's agent is or can be
40 easily in contact with the physician assistant by radio, telephone or
41 telecommunication.

42 18. 19. "Unprofessional conduct" includes the following acts by a
43 physician assistant that occur in this state or elsewhere:

1 (a) Violation of any federal or state law or rule which THAT applies
2 to the performance of health care tasks as a physician assistant. Conviction
3 in any court of competent jurisdiction is conclusive evidence of a violation.

4 (b) ~~Holding himself out as~~ CLAIMING TO BE a physician or knowingly
5 permitting another person to represent him THAT PERSON as a physician.

6 (c) Performing health care tasks which THAT have not been delegated
7 by the supervising physician.

8 (d) Habitual intemperance in the use of alcohol or habitual substance
9 abuse.

10 (e) Signing a blank, undated or predated prescription form.

11 (f) Gross malpractice, repeated malpractice or any malpractice
12 resulting in the death of a patient.

13 (g) Representing that a manifestly incurable disease or infirmity can
14 be permanently cured or that a disease, ailment or infirmity can be cured by
15 a secret method, procedure, treatment, medicine or device, if this is not
16 true.

17 (h) Refusing to divulge to the board on demand the means, method,
18 procedure, modality of treatment or medicine used in the treatment of a
19 disease, injury, ailment or infirmity.

20 (i) Prescribing or dispensing controlled substances or
21 prescription-only drugs for which the physician assistant is not approved or
22 in excess of the amount authorized pursuant to this chapter.

23 (j) Any conduct or practice which THAT is harmful or dangerous to the
24 health of a patient or the public.

25 (k) Violation of a formal order, probation or stipulation issued by
26 the board.

27 (l) Failing to clearly identify himself DISCLOSE THE PERSON'S IDENTITY
28 as a physician assistant in the course of his THE PHYSICIAN ASSISTANT'S
29 employment.

30 (m) Failing to use and affix the initials "P.A." or "~~P.A.C.~~" "P.A.-C."
31 after the physician assistant's name or signature on charts, prescriptions
32 or professional correspondence.

33 (n) Procuring or attempting to procure a physician assistant license
34 by fraud, misrepresentation or knowingly taking advantage of the mistake of
35 another.

36 (o) Having professional connection with or lending the physician
37 assistant's name to an illegal practitioner of any of the healing arts.

38 (p) Failing or refusing to maintain adequate records on a patient.

39 (q) Using controlled substances that have not been prescribed by a
40 physician, physician assistant, dentist or nurse practitioner for use during
41 a prescribed course of treatment.

42 (r) Prescribing or dispensing controlled substances to members of the
43 physician assistant's immediate family.

44 (s) Prescribing, dispensing or administering any controlled substance
45 or prescription-only drug for other than accepted therapeutic purposes.

1 (t) Knowingly making any written or oral false or fraudulent statement
2 in connection with the performance of health care tasks.

3 (u) Committing a felony, whether or not involving moral turpitude, or
4 a misdemeanor involving moral turpitude. In either case, conviction by a
5 court of competent jurisdiction or a plea of no contest is conclusive
6 evidence of the commission.

7 (v) Refusal, revocation, suspension, limitation or restriction of a
8 certification or license by any other licensing jurisdiction for the
9 inability to safely and skillfully perform health care tasks or for
10 unprofessional conduct as defined by that jurisdiction which THAT directly
11 or indirectly corresponds to any act of unprofessional conduct as prescribed
12 by this paragraph.

13 (w) Sanctions including restriction, suspension or removal from
14 practice imposed by an agency of the federal government.

15 (x) Violating or attempting to violate, directly or indirectly, or
16 assisting in or abetting the violation of or conspiring to violate a
17 provision of this chapter.

18 ~~(y) Sexual intimacies with a patient.~~

19 (z) (y) Using the term "doctor" or the abbreviation "Dr." on a name
20 tag or in a way that leads the public to believe that the physician assistant
21 is licensed to practice as an allopathic or an osteopathic physician in this
22 state.

23 ~~(aa)~~ (z) Failing to furnish legally requested information to the
24 board or its investigator in a timely manner.

25 ~~(bb)~~ (aa) Failing to allow properly authorized board personnel to
26 examine on demand documents, reports and records of any kind relating to the
27 physician assistant's performance of health care tasks.

28 ~~(cc)~~ (bb) Knowingly making a false or misleading statement on a form
29 required by the board or in written correspondence or attachments furnished
30 to the board.

31 ~~(dd)~~ (cc) Failing to submit to a body fluid examination pursuant to
32 an agreement with the board or an order of the board.

33 ~~(ee)~~ (dd) Violating a formal order, probation agreement or
34 stipulation issued or entered into by the board or its executive director.

35 ~~(ff)~~ (ee) Except as otherwise required by law, intentionally
36 betraying a professional secret or intentionally violating a privileged
37 communication.

38 ~~(gg)~~ ~~Procuring or attempting to procure a license by fraud,~~
39 ~~misrepresentation or knowingly taking advantage of the mistake of another~~
40 ~~person or agency.~~

41 ~~(hh)~~ (ff) Allowing the use of the licensee's name in any way to
42 enhance or permit the continuance of the activities of, or maintaining a
43 professional connection with, an illegal practitioner of medicine or the
44 performance of health care tasks by a person who is not licensed pursuant to
45 this chapter.

(ii) (gg) False, fraudulent, deceptive or misleading advertising by a physician assistant or the physician assistant's staff or representative.

(jj) (hh) Knowingly failing to disclose to a patient on a form that is prescribed by the board and that is dated and signed by the patient or guardian acknowledging that the patient or guardian has read and understands that the licensee has a direct financial interest in a separate diagnostic or treatment agency or in nonroutine goods or services that the patient is being prescribed and if the prescribed treatment, goods or services are available on a competitive basis. This subdivision does not apply to a referral by one doctor of medicine to another doctor of medicine within a group of doctors of medicine practicing together.

(kk) (ii) Using chelation therapy in the treatment of arteriosclerosis or as any other form of therapy.

(ll) (jj) Prescribing, dispensing or administering anabolic or androgenic steroids for other than therapeutic purposes.

(kk) PRESCRIBING, DISPENSING OR FURNISHING A PRESCRIPTION MEDICATION OR A PRESCRIPTION-ONLY DEVICE AS DEFINED IN SECTION 32-1901 TO A PERSON UNLESS THE LICENSEE FIRST CONDUCTS A PHYSICAL EXAMINATION OF THAT PERSON OR HAS PREVIOUSLY ESTABLISHED A PROFESSIONAL RELATIONSHIP WITH THE PERSON. THIS SUBDIVISION DOES NOT APPLY TO:

(i) A PHYSICIAN ASSISTANT WHO PROVIDES TEMPORARY PATIENT CARE ON BEHALF OF THE PATIENT'S REGULAR TREATING LICENSED HEALTH CARE PROFESSIONAL.

(ii) EMERGENCY MEDICAL SITUATIONS AS DEFINED IN SECTION 41-1831.

(iii) PRESCRIPTIONS WRITTEN TO PREPARE A PATIENT FOR A MEDICAL EXAMINATION.

(ll) ENGAGING IN SEXUAL CONDUCT WITH A CURRENT PATIENT OR WITH A FORMER PATIENT WITHIN SIX MONTHS AFTER THE LAST MEDICAL CONSULTATION UNLESS THE PATIENT WAS THE LICENSEE'S SPOUSE AT THE TIME OF THE CONTACT OR, IMMEDIATELY PRECEDING THE PROFESSIONAL RELATIONSHIP, WAS IN A DATING OR ENGAGEMENT RELATIONSHIP WITH THE LICENSEE. FOR THE PURPOSES OF THIS SUBDIVISION, "SEXUAL CONDUCT" INCLUDES:

(i) ENGAGING IN OR SOLICITING SEXUAL RELATIONSHIPS, WHETHER CONSENSUAL OR NONCONSENSUAL.

(ii) MAKING SEXUAL ADVANCES, REQUESTING SEXUAL FAVORS OR ENGAGING IN OTHER VERBAL CONDUCT OR PHYSICAL CONTACT OF A SEXUAL NATURE WITH A PATIENT.

(iii) INTENTIONALLY VIEWING A COMPLETELY OR PARTIALLY DRESSED PATIENT IN THE COURSE OF TREATMENT IF THE VIEWING IS NOT RELATED TO PATIENT DIAGNOSIS OR TREATMENT UNDER CURRENT PRACTICE STANDARDS.

Sec. 7. Section 32-2502, Arizona Revised Statutes, is amended to read:

32-2502. Arizona regulatory board of physician assistants;

membership; appointment; terms

A. The joint ARIZONA REGULATORY board on the regulation of physician assistants is established consisting of the following members:

1. Four physician assistants who hold a current regular license pursuant to this chapter. The governor may appoint these members from a list

1 of qualified candidates submitted by the Arizona state association of
2 physician assistants. The governor may seek additional input and nominations
3 before the governor makes the physician assistant appointments.

4 2. Two public members appointed by the governor.

5 3. Two physicians who are actively engaged in the practice of medicine
6 and who are licensed pursuant to chapter 17 of this title, one of whom
7 supervises a physician assistant at the time of appointment, AND who are
8 appointed by the board of osteopathic examiners in medicine and surgery and
9 who shall report and be responsible to the board of osteopathic examiners in
10 medicine and surgery GOVERNOR.

11 4. Two physicians who are actively engaged in the practice of medicine
12 and who are licensed pursuant to chapter 13 of this title, one of whom
13 supervises a physician assistant at the time of his appointment, AND who are
14 appointed by the allopathic board of medical examiners and who shall report
15 and be responsible to the allopathic board of medical examiners GOVERNOR.

16 B. The term of office of members of the board is four years to begin
17 and end on July 1.

18 C. Each board member is eligible for appointment to not more than two
19 full terms, EXCEPT THAT THE TERM OF OFFICE FOR A MEMBER APPOINTED TO FILL A
20 VACANCY THAT IS NOT CAUSED BY THE EXPIRATION OF A FULL TERM IS FOR THE
21 UNEXPIRED PORTION OF THAT TERM AND THE GOVERNOR MAY REAPPOINT THAT MEMBER TO
22 NOT MORE THAN TWO ADDITIONAL FULL TERMS. Each board member may continue to
23 hold office until the appointment and qualification of that member's
24 successor. However, the entity that appoints a board member may remove that
25 member, after notice and a hearing before that entity, on a finding of
26 continued neglect of duty, incompetence or unprofessional or dishonorable
27 conduct. That member's term ends when the entity makes this finding.

28 D. A board member's term automatically ends:

29 1. On written resignation submitted to the board chairperson or to an
30 appointing entity.

31 2. If the member is absent from this state for more than six months
32 during a one year period.

33 3. If the member fails to attend three consecutive regular board
34 meetings.

35 4. ~~If the member retires from the active practice of medicine or from~~
36 ~~the active performance of health care tasks.~~

37 4. FIVE YEARS AFTER RETIREMENT FROM ACTIVE PRACTICE.

38 E. Board members are immune from civil liability for all good faith
39 actions they take pursuant to this chapter.

40 Sec. 8. Section 32-2503, Arizona Revised Statutes, is amended to read:
41 32-2503. Organization; meetings; compensation

42 A. The board shall annually elect a chairperson and
43 vice-chairperson from among its members.

44 B. The board shall hold a regular meeting at least quarterly on a date
45 and at a time and place it designates. In addition, the chairperson may

1 call special meetings the board deems necessary. The board shall hold
2 special meetings on Saturdays as the chairperson may determine necessary to
3 carry out the functions of the board.

4 C. Members of the board are eligible to receive compensation in the
5 amount of one TWO hundred dollars for each day of actual service in the
6 business of the board and for all expenses necessarily and properly incurred
7 in attending board meetings.

8 Sec. 9. Section 32-2504, Arizona Revised Statutes, is amended to read:

9 32-2504. Powers and duties; subcommittees

10 A. The board shall:

11 1. As its primary duty, protect the public from unlawful, incompetent,
12 unqualified, impaired or unprofessional physician assistants.

13 2. License and regulate physician assistants pursuant to this chapter.

14 3. Order and evaluate physical, psychological, psychiatric and
15 competency testing of licensees and applicants the board determines is
16 necessary to enforce this chapter.

17 4. Review the credentials and the abilities of applicants for
18 licensure whose professional records or physical or mental capabilities may
19 not meet the requirements of this chapter.

20 5. Initiate investigations and determine on its own motion if a
21 licensee has engaged in unprofessional conduct or is or may be incompetent
22 or mentally or physically unable to safely perform health care tasks.

23 6. Establish fees and penalties pursuant to section 32-2526.

24 7. Develop and recommend standards governing the profession.

25 8. Engage in the full exchange of information with the licensing and
26 disciplinary boards and professional associations of other states and
27 jurisdictions of the United States and foreign countries and a statewide
28 association for physician assistants.

29 9. Direct the preparation and circulation of educational material the
30 board determines is helpful and proper for its licensees.

31 10. Approve notification of supervision including the selection of
32 supervising physicians and supervising agents.

33 11. Discipline and rehabilitate physician assistants pursuant to this
34 chapter.

35 12. ~~CERTIFY~~ PHYSICIAN ASSISTANTS FOR FOURTEEN DAY PRESCRIPTION
36 PRIVILEGES FOR SCHEDULE II OR SCHEDULE III CONTROLLED SUBSTANCES IF THE
37 PHYSICIAN ASSISTANT:

38 (a) WITHIN THE PRECEDING THREE YEARS OF APPLICATION COMPLETED
39 FORTY-FIVE HOURS IN PHARMACOLOGY OR CLINICAL MANAGEMENT OF DRUG THERAPY OR
40 IF AT THE TIME OF APPLICATION IS CERTIFIED BY A NATIONAL COMMISSION ON THE
41 CERTIFICATION OF PHYSICIAN ASSISTANTS OR ITS SUCCESSOR.

42 (b) MET ANY OTHER REQUIREMENT ESTABLISHED BY BOARD RULE.

43 B. The board may make and adopt rules which are necessary or proper
44 for the administration of this chapter.

1 C. The chairperson may establish subcommittees consisting of board
2 members and define their duties as the chairperson deems necessary to carry
3 out the functions of the board.

4 D. Board employees, including the executive director, temporary
5 personnel and professional medical investigators, are immune from civil
6 liability for good faith actions they take to enforce this chapter.

7 E. In performing its duties pursuant to subsection A of this section,
8 the board may receive and review staff reports on complaints, malpractice
9 cases and all investigations.

10 Sec. 10. Section 32-2505, Arizona Revised Statutes, is amended to
11 read:

12 32-2505. Personnel; consultants; compensation

13 A. The executive director employed by the board of medical examiners
14 ~~shall be~~ IS the executive director of the ARIZONA REGULATORY board OF
15 PHYSICIAN ASSISTANTS. The staff of the board of medical examiners shall
16 carry out the administrative responsibilities of the ARIZONA REGULATORY board
17 OF PHYSICIAN ASSISTANTS.

18 ~~B. The board may employ special medical consultants or other agents~~
19 ~~to make investigations, gather information and perform other duties the board~~
20 ~~deems necessary or appropriate for the effective enforcement or~~
21 ~~administration of this chapter. Compensation for special consultants or~~
22 ~~agents employed pursuant to this subsection shall not exceed one hundred~~
23 ~~dollars per day.~~

24 B. THE EXECUTIVE DIRECTOR IS ELIGIBLE TO RECEIVE COMPENSATION SET BY
25 THE BOARD WITHIN THE RANGE DETERMINED UNDER SECTION 38-611.

26 C. THE EXECUTIVE DIRECTOR OR THE EXECUTIVE DIRECTOR'S DESIGNEE SHALL:

27 1. EMPLOY, EVALUATE, DISMISS, DISCIPLINE AND DIRECT PROFESSIONAL,
28 CLERICAL, TECHNICAL, INVESTIGATIVE AND ADMINISTRATIVE PERSONNEL NECESSARY TO
29 CARRY ON THE WORK OF THE BOARD.

30 2. SET COMPENSATION FOR BOARD EMPLOYEES WITHIN THE RANGE DETERMINED
31 UNDER SECTION 38-611.

32 3. AS DIRECTED BY THE BOARD, PREPARE AND SUBMIT RECOMMENDATIONS FOR
33 AMENDMENTS TO THE PHYSICIAN ASSISTANT PRACTICE ACT FOR CONSIDERATION BY THE
34 LEGISLATURE.

35 4. APPOINT AND EMPLOY MEDICAL CONSULTANTS AND AGENTS NECESSARY TO
36 CONDUCT INVESTIGATIONS, GATHER INFORMATION AND PERFORM THOSE DUTIES THE
37 EXECUTIVE DIRECTOR DETERMINES ARE NECESSARY AND APPROPRIATE TO ENFORCE THIS
38 CHAPTER.

39 5. ISSUE LICENSES, REGISTRATIONS AND PERMITS TO APPLICANTS WHO MEET
40 THE REQUIREMENTS OF THIS CHAPTER.

41 6. MANAGE THE BOARD'S OFFICES.

42 7. PREPARE MINUTES, RECORDS, REPORTS, REGISTRIES, DIRECTORIES, BOOKS
43 AND NEWSLETTERS AND RECORD ALL BOARD TRANSACTIONS AND ORDERS.

44 8. COLLECT ALL MONIES DUE AND PAYABLE TO THE BOARD.

1 9. PAY ALL BILLS FOR AUTHORIZED EXPENDITURES OF THE BOARD AND ITS
2 STAFF.

3 10. PREPARE AN ANNUAL BUDGET.

4 11. SUBMIT A COPY OF THE BUDGET EACH YEAR TO THE GOVERNOR, THE SPEAKER
5 OF THE HOUSE OF REPRESENTATIVES AND THE PRESIDENT OF THE SENATE.

6 12. INITIATE AN INVESTIGATION IF EVIDENCE APPEARS TO DEMONSTRATE THAT
7 A PHYSICIAN ASSISTANT MAY BE ENGAGED IN UNPROFESSIONAL CONDUCT OR MAY BE
8 MEDICALLY INCOMPETENT OR MENTALLY OR PHYSICALLY UNABLE TO SAFELY PRACTICE AS
9 A PHYSICIAN ASSISTANT.

10 13. ISSUE SUBPOENAS IF NECESSARY TO COMPEL THE ATTENDANCE AND TESTIMONY
11 OF WITNESSES AND THE PRODUCTION OF BOOKS, RECORDS, DOCUMENTS AND OTHER
12 EVIDENCE.

13 14. PROVIDE ASSISTANCE TO THE ATTORNEY GENERAL IN PREPARING AND SIGN
14 AND EXECUTE DISCIPLINARY ORDERS, REHABILITATIVE ORDERS AND NOTICES OF
15 HEARINGS AS DIRECTED BY THE BOARD.

16 15. ENTER INTO CONTRACTS TO PROCURE GOODS AND SERVICES PURSUANT TO
17 TITLE 41, CHAPTER 23 THAT ARE NECESSARY TO CARRY OUT BOARD POLICIES AND
18 DIRECTIVES.

19 16. EXECUTE BOARD DIRECTIVES.

20 17. REPRESENT THE BOARD IN MATTERS WITH THE FEDERAL GOVERNMENT, OTHER
21 STATES OR JURISDICTIONS OF THE UNITED STATES, THIS STATE, POLITICAL
22 SUBDIVISIONS OF THIS STATE, THE NEWS MEDIA AND THE PUBLIC.

23 18. ENTER INTO STIPULATED AGREEMENTS ON BEHALF OF THE BOARD WITH
24 PERSONS UNDER THE JURISDICTION OF THE BOARD FOR THE TREATMENT, REHABILITATION
25 OR MONITORING OF CHEMICAL SUBSTANCE ABUSE OR MISUSE.

26 19. REVIEW ALL COMPLAINTS FILED PURSUANT TO SECTION 32-2551. IF
27 DELEGATED BY THE BOARD, THE EXECUTIVE DIRECTOR MAY ALSO DISMISS A COMPLAINT
28 IF THE COMPLAINT IS WITHOUT MERIT.

29 20. IF DELEGATED BY THE BOARD, DIRECTLY REFER CASES TO A FORMAL
30 HEARING.

31 21. IF DELEGATED BY THE BOARD, CLOSE CASES RESOLVED THROUGH MEDIATION.

32 22. IF DELEGATED BY THE BOARD, ISSUE ADVISORY LETTERS.

33 23. IF DELEGATED BY THE BOARD, ENTER INTO A CONSENT AGREEMENT IF THERE
34 IS EVIDENCE OF DANGER TO THE PUBLIC HEALTH AND SAFETY.

35 24. IF DELEGATED BY THE BOARD, GRANT UNCONTESTED REQUESTS FOR INACTIVE
36 STATUS AND CANCELLATION OF A LICENSE PURSUANT TO THIS CHAPTER.

37 25. IF DELEGATED BY THE BOARD, REFER CASES TO THE BOARD FOR A FORMAL
38 INTERVIEW.

39 26. PERFORM ALL OTHER ADMINISTRATIVE, LICENSING OR REGULATORY DUTIES
40 REQUIRED BY THE BOARD.

41 D. MEDICAL CONSULTANTS AND AGENTS APPOINTED PURSUANT TO SUBSECTION C,
42 PARAGRAPH 4 OF THIS SECTION ARE ELIGIBLE TO RECEIVE COMPENSATION DETERMINED
43 BY THE EXECUTIVE DIRECTOR IN AN AMOUNT NOT TO EXCEED TWO HUNDRED DOLLARS FOR
44 EACH DAY OF SERVICE.

1 E. A PERSON WHO IS AGGRIEVED BY AN ACTION TAKEN BY THE EXECUTIVE
2 DIRECTOR MAY REQUEST THE BOARD TO REVIEW THAT ACTION BY FILING WITH THE BOARD
3 A WRITTEN REQUEST WITHIN THIRTY DAYS AFTER THAT PERSON IS NOTIFIED OF THE
4 EXECUTIVE DIRECTOR'S ACTION BY PERSONAL DELIVERY OR CERTIFIED MAIL TO THAT
5 PERSON'S LAST KNOWN RESIDENCE OR PLACE OF BUSINESS. AT THE NEXT REGULAR
6 BOARD MEETING, THE BOARD SHALL REVIEW THE EXECUTIVE DIRECTOR'S ACTION. ON
7 REVIEW, THE BOARD SHALL APPROVE, MODIFY OR REJECT THE EXECUTIVE DIRECTOR'S
8 ACTION.

9 Sec. 11. Title 32, chapter 25, article 1, Arizona Revised Statutes,
10 is amended by adding section 32-2507, to read:

11 32-2507. Licensee profiles; civil penalty

12 A. THE BOARD SHALL MAKE AVAILABLE TO THE PUBLIC A PROFILE OF EACH
13 LICENSEE. THE BOARD SHALL MAKE THIS INFORMATION AVAILABLE THROUGH AN
14 INTERNET WEB SITE AND, IF REQUESTED, IN WRITING. THE PROFILE SHALL CONTAIN
15 THE FOLLOWING INFORMATION:

16 1. A DESCRIPTION OF ANY CRIMINAL CONVICTION WITHIN THE LAST FIVE
17 YEARS. FOR PURPOSES OF THIS PARAGRAPH, A LICENSEE IS DEEMED TO BE CONVICTED
18 OF A CRIME IF THE LICENSEE PLED GUILTY OR WAS FOUND GUILTY BY A COURT OF
19 COMPETENT JURISDICTION.

20 2. A DESCRIPTION OF ANY CHARGES WITHIN THE LAST FIVE YEARS TO WHICH
21 THE LICENSEE PLED NO CONTEST.

22 3. THE NUMBER OF PENDING COMPLAINTS AND FINAL BOARD DISCIPLINARY AND
23 NONDISCIPLINARY ACTIONS, INCLUDING DISMISSALS, WITHIN THE LAST FIVE YEARS.
24 INFORMATION CONCERNING PENDING COMPLAINTS SHALL CONTAIN THE FOLLOWING
25 STATEMENT:

26 PENDING COMPLAINTS REPRESENT UNPROVEN ALLEGATIONS. ON
27 INVESTIGATION, MANY COMPLAINTS ARE FOUND TO BE WITHOUT MERIT AND
28 ARE DISMISSED.

29 4. ALL MEDICAL MALPRACTICE COURT JUDGMENTS AND ALL MEDICAL MALPRACTICE
30 AWARDS OR SETTLEMENTS IN WHICH A PAYMENT IS MADE TO A COMPLAINING PARTY
31 WITHIN THE LAST FIVE YEARS. INFORMATION CONCERNING MALPRACTICE ACTIONS SHALL
32 CONTAIN THE FOLLOWING STATEMENT:

33 THE SETTLEMENT OF A MEDICAL MALPRACTICE ACTION MAY OCCUR FOR A
34 VARIETY OF REASONS THAT DO NOT NECESSARILY REFLECT NEGATIVELY ON
35 THE PROFESSIONAL COMPETENCE OR CONDUCT OF THE PHYSICIAN
36 ASSISTANT. A PAYMENT IN SETTLEMENT OF A MEDICAL MALPRACTICE
37 ACTION DOES NOT CREATE A PRESUMPTION THAT MEDICAL MALPRACTICE
38 OCCURRED.

39 5. THE NAME AND LOCATION OF THE LICENSEE'S TRAINING AND THE DATE OF
40 GRADUATION.

41 6. THE LICENSEE'S PRIMARY PRACTICE LOCATION.

42 B. EACH LICENSEE SHALL SUBMIT THE INFORMATION REQUIRED PURSUANT TO
43 SUBSECTION A EACH YEAR AS DIRECTED BY THE BOARD. AN APPLICANT FOR LICENSURE
44 SHALL SUBMIT THIS INFORMATION AT THE TIME OF APPLICATION. THE APPLICANT AND
45 LICENSEE SHALL SUBMIT THE INFORMATION ON A FORM PRESCRIBED BY THE BOARD. A

1 LICENSEE SHALL SUBMIT IMMEDIATELY ANY CHANGES IN INFORMATION REQUIRED
2 PURSUANT TO SUBSECTION A, PARAGRAPHS 1, 2 AND 4. THE BOARD SHALL UPDATE
3 IMMEDIATELY ITS INTERNET WEB SITE TO REFLECT CHANGES IN INFORMATION RELATING
4 TO SUBSECTION A, PARAGRAPHS 1 THROUGH 4. THE BOARD SHALL UPDATE THE INTERNET
5 WEB SITE INFORMATION AT LEAST ANNUALLY.

6 C. THE BOARD SHALL PROVIDE EACH LICENSEE WITH A COPY OF THE LICENSEE'S
7 PROFILE AND GIVE THE LICENSEE REASONABLE TIME TO CORRECT THE PROFILE BEFORE
8 IT IS AVAILABLE TO THE PUBLIC.

9 D. IT IS AN ACT OF UNPROFESSIONAL CONDUCT FOR A LICENSEE TO PROVIDE
10 ERRONEOUS INFORMATION PURSUANT TO THIS SECTION. IN ADDITION TO OTHER
11 DISCIPLINARY ACTION, THE BOARD MAY IMPOSE A CIVIL PENALTY OF NOT MORE THAN
12 ONE THOUSAND DOLLARS FOR EACH ERRONEOUS STATEMENT.

13 Sec. 12. Section 32-2521, Arizona Revised Statutes, is amended to
14 read:

15 32-2521. Qualifications

16 A. An applicant for licensure shall:

17 1. Have attended and completed a course of training for physician
18 assistants approved by the board.

19 2. Pass a certifying examination approved by the board.

20 3. Be physically and mentally able to safely perform health care tasks
21 as a physician assistant.

22 4. Have a professional record that indicates that the applicant has
23 not committed any act or engaged in any conduct that constitutes grounds for
24 disciplinary action against a licensee pursuant to this chapter.

25 ~~5. Not have had a physician assistant certification or license~~
26 ~~refused, suspended, revoked or restricted by any other state or country for~~
27 ~~reasons that relate to the applicant's ability to safely perform health care~~
28 ~~tasks as a physician assistant.~~

29 5. NOT HAVE HAD A LICENSE TO PRACTICE REVOKED BY A REGULATORY BOARD
30 IN ANOTHER JURISDICTION IN THE UNITED STATES FOR AN ACT THAT OCCURRED IN THAT
31 JURISDICTION THAT CONSTITUTES UNPROFESSIONAL CONDUCT PURSUANT TO THIS
32 CHAPTER.

33 6. NOT BE CURRENTLY UNDER INVESTIGATION, SUSPENSION OR RESTRICTION BY
34 A REGULATORY BOARD IN ANOTHER JURISDICTION IN THE UNITED STATES FOR AN ACT
35 THAT OCCURRED IN THAT JURISDICTION THAT CONSTITUTES UNPROFESSIONAL CONDUCT
36 PURSUANT TO THIS CHAPTER. IF THE APPLICANT IS UNDER INVESTIGATION BY A
37 REGULATORY BOARD IN ANOTHER JURISDICTION, THE BOARD SHALL SUSPEND THE
38 APPLICATION PROCESS AND MAY NOT ISSUE OR DENY A LICENSE TO THE APPLICANT
39 UNTIL THE INVESTIGATION IS RESOLVED.

40 7. NOT HAVE SURRENDERED, RELINQUISHED OR GIVEN UP A LICENSE IN LIEU
41 OF DISCIPLINARY ACTION BY A REGULATORY BOARD IN ANOTHER JURISDICTION IN THE
42 UNITED STATES FOR AN ACT THAT OCCURRED IN THAT JURISDICTION THAT CONSTITUTES
43 UNPROFESSIONAL CONDUCT PURSUANT TO THIS CHAPTER.

44 B. The board may:

1 1. Require an applicant to submit written or oral proof of
2 credentials.

3 2. Make such investigations as it deems necessary to advise itself
4 with respect to the qualifications of the applicant including physical
5 examinations, mental evaluations, written competency examinations or any
6 combination of such examinations and evaluations.

7 3. Grant an exemption from the licensure requirements of this section
8 to:

9 (a) A student enrolled in a physician assistant education program
10 approved by the board in order for that student to work within that program.
11 The student shall register with the board on a form prescribed by the board.

12 (b) A physician assistant who is an employee of the United States
13 government and who works on land or in facilities owned or operated by the
14 United States government or a physician assistant who is a member of the
15 reserve components of the United States and on official orders or performing
16 official duties as outlined in the appropriate regulation of that branch.

17 C. IF THE BOARD FINDS THAT THE APPLICANT COMMITTED AN ACT OR ENGAGED
18 IN CONDUCT THAT WOULD CONSTITUTE GROUNDS FOR DISCIPLINARY ACTION IN THIS
19 STATE, BEFORE ISSUING A LICENSE THE BOARD MUST DETERMINE TO ITS SATISFACTION
20 THAT THE ACT OR CONDUCT HAS BEEN CORRECTED, MONITORED AND RESOLVED. IF THE
21 ACT OR CONDUCT HAS NOT BEEN RESOLVED, BEFORE ISSUING A LICENSE THE BOARD MUST
22 DETERMINE TO ITS SATISFACTION THAT MITIGATING CIRCUMSTANCES EXIST THAT
23 PREVENT ITS RESOLUTION.

24 D. IF ANOTHER JURISDICTION HAS TAKEN DISCIPLINARY ACTION AGAINST AN
25 APPLICANT, BEFORE ISSUING A LICENSE THE BOARD MUST DETERMINE TO ITS
26 SATISFACTION THAT THE CAUSE FOR THE ACTION WAS CORRECTED AND THE MATTER WAS
27 RESOLVED. IF THE OTHER JURISDICTION HAS NOT RESOLVED THE MATTER, BEFORE
28 ISSUING A LICENSE THE BOARD MUST DETERMINE TO ITS SATISFACTION THAT
29 MITIGATING CIRCUMSTANCES EXIST THAT PREVENT ITS RESOLUTION.

30 E. THE BOARD MAY DELEGATE TO THE EXECUTIVE DIRECTOR THE AUTHORITY TO
31 DENY LICENSES TO APPLICANTS WHO DO NOT MEET THE REQUIREMENTS OF THIS SECTION.

32 Sec. 13. Section 32-2522, Arizona Revised Statutes, is amended to
33 read:

34 32-2522. Applications; interview; withdrawal

35 A. Each applicant shall file a verified completed application in the
36 form required and supplied by the board that is accompanied by the prescribed
37 application fee.

38 B. The application shall be designed to require the submission of
39 evidence, credentials and other proof necessary to satisfy the board that the
40 applicant qualifies for licensure.

41 C. The application shall contain the oath of the applicant that:

42 1. All information contained in the application and evidence submitted
43 with it are true and correct.

44 2. The credentials submitted were not procured by fraud or
45 misrepresentation or any mistake of which the applicant is aware.

1 3. The applicant is the lawful holder of the credentials.

2 D. All applications submitted to the board and any attendant evidence,
3 credentials or other proof submitted with an application are the property of
4 the board and part of the permanent record of the board and shall not be
5 returned to an applicant.

6 E. The board shall promptly notify an applicant, in writing, of the
7 deficiencies, if any, in the application that prevent it from being a
8 completed application.

9 F. The board or its representatives may interview an applicant to
10 determine whether the application is sufficient.

11 G. Applications are considered withdrawn on any of the following
12 conditions:

13 1. Written request of the applicant.

14 2. Failure of the applicant to appear for an interview with the board
15 unless good cause is shown.

16 3. Failure to submit a completed application within one year from the
17 date of the mailing by the board of a statement to the applicant of the
18 deficiencies in the application pursuant to subsection E OF THIS SECTION.

19 H. ON REQUEST OF AN APPLICANT WHO DISAGREES WITH THE STATEMENT OF
20 DEFICIENCY, THE BOARD SHALL GRANT A HEARING BEFORE THE BOARD AT ITS NEXT
21 REGULAR MEETING IF THERE IS TIME AT THAT MEETING TO HEAR THE MATTER. THE
22 BOARD SHALL NOT DELAY THIS HEARING BEYOND ONE REGULARLY SCHEDULED MEETING.
23 AT ANY HEARING GRANTED PURSUANT TO THIS SUBSECTION, THE BURDEN OF PROOF IS
24 ON THE APPLICANT TO DEMONSTRATE THAT THE ALLEGED DEFICIENCIES DO NOT EXIST.

25 I. THE BOARD MAY DENY A LICENSE TO AN APPLICANT WHO DOES NOT MEET THE
26 REQUIREMENTS OF THIS ARTICLE.

27 J. IF AN APPLICANT DOES NOT MEET THE REQUIREMENTS OF SECTION 32-2521,
28 SUBSECTION A, PARAGRAPH 3, THE BOARD MAY ISSUE A LICENSE SUBJECT TO ANY OF
29 THE FOLLOWING PROBATIONARY CONDITIONS:

30 1. RESTRICT THE LICENSEE'S PRACTICE.

31 2. REQUIRE THE LICENSEE TO CONTINUE MEDICAL OR PSYCHIATRIC TREATMENT.

32 3. REQUIRE THE LICENSEE TO PARTICIPATE IN A SPECIFIED REHABILITATION
33 PROGRAM.

34 4. REQUIRE THE LICENSEE TO ABSTAIN FROM ALCOHOL AND OTHER DRUGS.

35 K. IF THE BOARD OFFERS A PROBATIONARY LICENSE TO AN APPLICANT PURSUANT
36 TO SUBSECTION J OF THIS SECTION, IT SHALL NOTIFY THE APPLICANT IN WRITING OF
37 THE FOLLOWING:

38 1. THE APPLICANT'S SPECIFIC DEFICIENCIES.

39 2. THE PROBATIONARY PERIOD.

40 3. THE APPLICANT'S RIGHT TO REJECT THE TERMS OF PROBATION.

41 4. IF THE APPLICANT REJECTS THE TERMS OF PROBATION, THE APPLICANT'S
42 RIGHT TO A HEARING ON THE BOARD'S DENIAL OF THE APPLICATION.

1 Sec. 14. Section 32-2528, Arizona Revised Statutes, is amended to
2 read:

3 32-2528. Inactive license; application; prohibited activities

4 A. A person who holds a regular license pursuant to this chapter may
5 request an inactive license from the board.— IF BOTH OF THE FOLLOWING ARE
6 TRUE:

- 7 1. THE LICENSEE IS NOT UNDER INVESTIGATION BY THE BOARD.
8 2. THE BOARD HAS NOT BEGUN DISCIPLINARY PROCEEDINGS AGAINST THE
9 LICENSEE.

10 B. The board shall MAY grant an inactive license and shall waive the
11 annual renewal fee and requirements for continuing medical education if the
12 person certifies total retirement from the performance of health care tasks
13 in this state, any jurisdiction of the United States and any foreign country
14 and is current on all fees required by this chapter.

15 C. An inactive licensee shall not perform health care tasks or
16 continue to hold or maintain a drug enforcement administration controlled
17 substance registration license. A licensee who performs health care tasks
18 while holding an inactive license violates this chapter by performing health
19 care tasks without a license.

20 D. The board may accept a request for inactive status of an active
21 regular license of a physician assistant who has been charged with a
22 violation of this chapter or rules adopted pursuant to this chapter if the
23 physician assistant admits the charges and stipulates this admission for the
24 record.

25 E. The board may convert an inactive license to a regular license on
26 payment of the annual renewal fee and presentation of evidence to the board
27 that the holder possesses the medical knowledge and the physical and mental
28 ability to safely engage in the performance of health care tasks. The board
29 may require any combination of physical examination, psychiatric or
30 psychological evaluation, oral competency examination or a board qualified
31 written examination or interview it believes necessary to assist it in
32 determining the ability of a physician assistant who holds an inactive
33 license to return to regular licensure.

34 Sec. 15. Section 32-2532, Arizona Revised Statutes, is amended to
35 read:

36 32-2532. Prescribing, administering and dispensing drugs;
37 limits and requirements; notice

38 A. Except as provided in subsection F of this section, a physician
39 assistant shall not prescribe, dispense or administer:

- 40 1. A schedule II or schedule III controlled substance as defined in
41 the federal controlled substances act of 1970 (P.L. 91-513; 84 Stat. 1242;
42 21 United States Code section 801 802) without delegation by the supervising
43 physician, board approval and drug enforcement administration registration.

1 2. A schedule IV or schedule V controlled substance as defined in the
2 federal controlled substances act of 1970 without drug enforcement
3 administration registration and delegation by the supervising physician.

4 3. Prescription-only medication without delegation by the supervising
5 physician.

6 B. All prescription orders issued by a physician assistant shall
7 contain the name, address and telephone number of the supervising
8 physician. A physician assistant shall issue prescription orders for
9 controlled substances under the physician assistant's own drug enforcement
10 administration registration number.

11 C. UNLESS CERTIFIED FOR FOURTEEN DAY PRESCRIPTION PRIVILEGES PURSUANT
12 TO SECTION 32-2504, SUBSECTION A, a physician assistant shall not prescribe
13 a schedule II or SCHEDULE III controlled substance for a period exceeding
14 seventy-two hours ~~or a schedule IV or V controlled substance for a period~~
15 ~~exceeding thirty-four days.~~ FOR EACH SCHEDULE IV OR SCHEDULE V CONTROLLED
16 SUBSTANCE, A PHYSICIAN ASSISTANT MAY NOT PRESCRIBE THE CONTROLLED SUBSTANCE
17 MORE THAN FIVE TIMES IN A SIX MONTH PERIOD FOR EACH PATIENT.

18 D. A prescription for A SCHEDULE II OR III controlled substances
19 SUBSTANCE is not refillable without the written consent of the supervising
20 physician.

21 E. Prescription-only drugs shall not be dispensed, prescribed or
22 refillable for a period exceeding one year.

23 F. Except in an emergency, a physician assistant may dispense schedule
24 II or schedule III controlled substances for a period of use of not to exceed
25 seventy-two hours with board approval or any other controlled substance for
26 a period of use of not to exceed thirty-four days and may administer
27 controlled substances without board approval if it is medically indicated in
28 an emergency dealing with potential loss of life or limb or major acute
29 traumatic pain.

30 G. Except for samples provided by manufacturers, all drugs dispensed
31 by a physician assistant shall be:

32 1. Prepackaged in a unit-of-use package by the supervising physician
33 or a pharmacist acting on a written order of the supervising physician.

34 2. Labeled to show the name of the supervising physician and physician
35 assistant.

36 H. A physician assistant shall not obtain a drug from any source other
37 than the supervising physician or a pharmacist acting on a written order of
38 the supervising physician. A physician assistant may receive manufacturers'
39 samples if allowed to do so by the supervising physician.

40 I. If a physician assistant is approved by the board to prescribe,
41 administer or dispense schedule II and SCHEDULE III controlled substances,
42 the physician assistant shall maintain an up-to-date and complete log of all
43 schedule II and SCHEDULE III controlled substances he administers or
44 dispenses.

1 J. The board shall advise the state board of pharmacy and the federal
2 UNITED STATES drug enforcement administration of all physician assistants who
3 are authorized to prescribe or dispense drugs and any modification of their
4 authority.

5 K. The state board of pharmacy shall notify all pharmacies at least
6 quarterly of physician assistants who are authorized to prescribe or dispense
7 drugs.

8 Sec. 16. Section 32-2533, Arizona Revised Statutes, is amended to
9 read:

10 32-2533. Supervising physician; supervising physician's agent;
11 responsibilities

12 A. The supervising physician is responsible for all aspects of the
13 performance of a physician assistant, whether or not the supervising
14 physician actually pays the physician assistant a salary. The supervising
15 physician is responsible for supervising the physician assistant and ensuring
16 that the health care tasks performed by a physician assistant are within the
17 physician assistant's scope of training and experience and have been properly
18 delegated by the supervising physician.

19 B. A supervising physician shall not supervise more than two physician
20 assistants who work the same hours at the same employment location.

21 C. A supervising physician may designate a supervising physician's
22 agent to provide consultation and supervise a physician assistant when the
23 supervising physician is not immediately available. The supervising
24 physician remains responsible for the acts of a physician assistant when he
25 THE PHYSICIAN ASSISTANT is supervised by a supervising physician's agent.

26 D. A SUPERVISING PHYSICIAN SHALL DEVELOP A SYSTEM FOR RECORDATION AND
27 REVIEW OF ALL INSTANCES IN WHICH THE PHYSICIAN ASSISTANT PRESCRIBES FOURTEEN
28 DAY PRESCRIPTIONS OF SCHEDULE II OR SCHEDULE III CONTROLLED SUBSTANCES. THE
29 BOARD SHALL APPROVE THIS SYSTEM.

30 ~~D.~~ E. In order to act as a supervising physician or a supervising
31 physician's agent, a physician shall:

32 1. Complete an application as prescribed by the board.

33 2. Hold a license pursuant to chapter 13 or 17 of this title and not
34 hold a license under probation, restriction or suspension unrelated to
35 rehabilitation.

36 3. Submit a statement that the supervising physician or supervising
37 physician's agent is familiar with the statutes and rules regarding
38 the performance of health care tasks of physician assistants and accepts
39 responsibility for supervising the physician assistant.

40 ~~E.~~ F. A physician who violates the provisions of this chapter shall
41 not serve as a supervising physician or supervising physician's agent.

42 ~~F.~~ G. The supervising physician's agent is responsible for the acts
43 of a physician assistant in the absence of the supervising physician if the
44 board approves. The board considers the supervising physician's agent's
45 signature on a physician assistant's current notification of supervision to

1 be acknowledgement by the supervising physician's agent that he THE AGENT
2 understands and is familiar with the physician assistant's approved health
3 care tasks.

4 ~~G.~~ H. A supervising physician or supervising physician's agent shall
5 not delegate to the physician assistant any health care task that the
6 supervising physician or supervising physician's agent does not have training
7 or experience in and does not perform.

8 Sec. 17. Section 32-2534, Arizona Revised Statutes, is amended to
9 read:

10 32-2534. Employment of physician assistant; application

11 A. A physician assistant shall not perform health care tasks until the
12 supervising physician receives approval of the notification of supervision
13 from the board.

14 B. A supervising physician shall file a notification of supervision
15 in the form required and supplied by the board which THAT is accompanied by
16 the prescribed application fee. The notification shall include the
17 following:

18 1. The supervising physician's field and type of practice, license
19 number, address and telephone number.

20 2. Locations of the physician assistant's employment, including health
21 care institutions.

22 3. The identity of all intended supervising physician's agents and
23 their professional relationship to the supervising physician.

24 4. Guidelines the supervising physician or supervising physician's
25 agents will follow to ensure timely supervision of the physician assistant's
26 approved health care tasks.

27 5. A statement to the board indicating whether the physician has been
28 approved by the board for supervision pursuant to section 32-2533.

29 6. A statement signed by the supervising physician, the supervising
30 physician's agent and the physician assistant that indicates that they have
31 read, are familiar with and shall abide by this chapter and rules adopted
32 under this chapter.

33 C. The board shall promptly review each notification of supervision
34 submitted for approval by a supervising physician.

35 D. If the notification of supervision includes a request for authority
36 to prescribe, administer or dispense schedule II or SCHEDULE III controlled
37 substances, the board shall review and may approve, modify or deny the
38 request based on the following criteria:

39 1. The physician assistant's previous training and experience.

40 2. The physician assistant's previous performance.

41 3. The employment situation.

42 4. The availability of the supervising physician and supervising
43 physician's agents.

1 5. A complete list of the United States drug enforcement agency's
2 ADMINISTRATION'S schedule of drugs that the supervising physician has
3 delegated to the physician assistant for dispensing.

4 6. THE CERTIFICATION OF THE PHYSICIAN ASSISTANT PURSUANT TO SECTION
5 32-2504, SUBSECTION A, PARAGRAPH 12 IF THE SUPERVISING PHYSICIAN INTENDS TO
6 DELEGATE FOURTEEN DAY PRESCRIPTION PRIVILEGES OF SCHEDULE II OR SCHEDULE III
7 CONTROLLED SUBSTANCES.

8 E. If there are any deficiencies in the notification of supervision
9 which THAT prevent it from being complete, the board, promptly and in
10 writing, shall notify the supervising physician of the deficiencies.

11 F. If the notification of supervision satisfies the requirements in
12 subsection B of this section, the board may approve, modify or deny the
13 supervision of a physician assistant by the supervising physician.

14 G. The board may approve the transfer of supervision of a physician
15 assistant from one supervising physician to another supervising physician if
16 the board approves that physician pursuant to section 32-2533. If the
17 request for transfer is made before a physician assistant begins employment,
18 the new supervising physician shall comply with subsection B of this section.
19 If the request is for a transfer of employment of a physician assistant from
20 a supervising physician to a supervising physician's agent and there is no
21 change in the physician assistant's notification of supervision, the
22 supervising physician's agent shall sign the physician assistant's current
23 notification of supervision and pay the prescribed transfer fee. The
24 transfer from a supervising physician to a supervising physician's agent is
25 subject to board approval.

26 H. Within thirty days after an employer terminates the employment of
27 a physician assistant, the supervising physician and the physician assistant
28 shall submit a written report to the board that provides the date of
29 termination and the reasons for the termination. The physician assistant
30 shall not work as a physician assistant until the board approves another
31 supervising physician.

32 Sec. 18. Section 32-2551, Arizona Revised Statutes, is amended to
33 read:

34 32-2551. Grounds for disciplinary action; duty to report;
35 immunity; proceedings; board action; notice; civil
36 penalty

37 A. The board on its own motion may investigate any evidence which THAT
38 appears to show that a physician assistant is or may be medically
39 incompetent, is or may be guilty of unprofessional conduct or is or may be
40 mentally or physically unable to carry out approved health care tasks. Any
41 physician, physician assistant or health care institution as defined in
42 section 36-401 shall, and any other person may, report to the board any
43 information the physician, physician assistant, health care institution or
44 other person has which THAT appears to show that a physician assistant is or
45 may be medically incompetent, is or may be guilty of unprofessional conduct

1 or is or may be mentally or physically unable to carry out approved health
2 care tasks. The board OR THE EXECUTIVE DIRECTOR shall notify the physician
3 assistant and the approved supervising physician of the content of the
4 reported information in writing within one hundred twenty days of its receipt
5 of the information. Any physician, physician assistant, health care
6 institution or other person that reports or provides information to the board
7 in good faith is not subject to an action for civil damages as a result of
8 reporting or providing information, and, if requested, the name of the
9 reporter shall not be disclosed unless the information is essential to
10 proceedings conducted pursuant to this section.

11 B. The board, OR IF DELEGATED BY THE BOARD THE EXECUTIVE DIRECTOR, may
12 require a mental, physical or medical competency examination or any
13 combination of those examinations or may make investigations including
14 investigational interviews between representatives of the board and the
15 physician assistant and the supervising physician as it deems necessary to
16 fully inform itself with respect to any information reported pursuant to
17 subsection A of this section. THE BOARD, OR IF DELEGATED BY THE BOARD THE
18 EXECUTIVE DIRECTOR, MAY REQUIRE THE PHYSICIAN ASSISTANT, AT THE PHYSICIAN
19 ASSISTANT'S EXPENSE, TO UNDERGO ASSESSMENT BY A BOARD APPROVED
20 REHABILITATIVE, RETRAINING OR ASSESSMENT PROGRAM.

21 C. If the board finds, based on the information it receives under
22 subsections A and B of this section, that the public safety imperatively
23 requires emergency action, and incorporates a finding to that effect in its
24 order, the board may RESTRICT, LIMIT OR order a summary suspension of a
25 license pending proceedings for revocation or other action. If an order of
26 summary suspension is issued THE BOARD ACTS PURSUANT TO THIS SUBSECTION, the
27 physician assistant shall also be served with a written notice of complaint
28 and formal hearing, setting forth the charges, and is entitled to a formal
29 hearing before the board or an administrative law judge on the charges within
30 sixty days pursuant to title 41, chapter 6, article 10.

31 D. If, after completing its investigation, the board finds that the
32 information provided pursuant to subsection A of this section is not of
33 sufficient seriousness to merit direct DISCIPLINARY action against the
34 physician assistant's license, it may take the following actions:

35 1. Dismiss if, in the opinion of the board, the information COMPLAINT
36 is without merit.

37 2. File a- AN ADVISORY letter of concern. THE LICENSEE MAY FILE A
38 WRITTEN RESPONSE WITH THE BOARD WITHIN THIRTY DAYS AFTER RECEIVING THE
39 ADVISORY LETTER.

40 3. ENTER INTO AN AGREEMENT WITH THE PHYSICIAN ASSISTANT TO LIMIT THE
41 PHYSICIAN ASSISTANT'S PRACTICE OR PROFESSIONAL ACTIVITIES IF THE PHYSICIAN
42 ASSISTANT IS MENTALLY OR PHYSICALLY UNABLE TO SAFELY ENGAGE IN ALL ASPECTS
43 OF THE PHYSICIAN ASSISTANT'S PROFESSION.

44 E. IF THE BOARD FINDS THAT IT CAN TAKE REHABILITATIVE OR DISCIPLINARY
45 ACTION WITHOUT THE PRESENCE OF THE PHYSICIAN ASSISTANT AT A FORMAL INTERVIEW

1 IT MAY ENTER INTO A CONSENT AGREEMENT WITH THE PHYSICIAN ASSISTANT TO LIMIT
2 OR RESTRICT THE PHYSICIAN ASSISTANT'S PRACTICE OR TO REHABILITATE THE
3 PHYSICIAN ASSISTANT, PROTECT THE PUBLIC AND ENSURE THE PHYSICIAN ASSISTANT'S
4 ABILITY TO SAFELY PRACTICE. THE BOARD MAY ALSO REQUIRE THE PHYSICIAN
5 ASSISTANT TO SUCCESSFULLY COMPLETE A BOARD APPROVED REHABILITATIVE,
6 RETRAINING OR ASSESSMENT PROGRAM.

7 F. THE BOARD SHALL NOT DISCLOSE THE NAME OF THE PERSON WHO PROVIDED
8 THE INFORMATION REGARDING A LICENSEE'S DRUG OR ALCOHOL IMPAIRMENT OR THE NAME
9 OF THE PERSON WHO FILES A COMPLAINT IF THAT PERSON REQUESTS ANONYMITY.

10 ~~E.~~ G. If, after completing its investigation, the board ~~holds the~~
11 ~~opinion~~ BELIEVES that the information is or may be true and that the
12 information may be of sufficient seriousness to merit direct action against
13 the physician assistant's license, it may request an ~~informal~~ A FORMAL
14 interview with the physician assistant and the supervising physician. The
15 board shall notify the physician assistant in writing of the time, date and
16 place of the ~~informal~~ FORMAL interview at least twenty days before the
17 interview. The notice shall include the right to be represented by counsel
18 and shall fully set forth the conduct or matters to be discussed.

19 H. AT LEAST TEN BUSINESS DAYS BEFORE THE FORMAL INTERVIEW CONDUCTED
20 PURSUANT TO THIS SECTION, THE BOARD SHALL NOTIFY THE PHYSICIAN ASSISTANT AND,
21 AT THE PHYSICIAN ASSISTANT'S REQUEST, THE BOARD SHALL PROVIDE THE PHYSICIAN
22 ASSISTANT WITH THE INFORMATION LISTED IN THIS SUBSECTION. THE PHYSICIAN
23 ASSISTANT AND THE PHYSICIAN ASSISTANT'S ATTORNEY MAY NOT RELEASE ANY
24 INFORMATION OBTAINED UNDER THIS SECTION TO ANY OTHER PERSON. THE BOARD SHALL
25 PROVIDE THE FOLLOWING INFORMATION TO THE PHYSICIAN ASSISTANT OR THE PHYSICIAN
26 ASSISTANT'S ATTORNEY:

27 1. ANY REVIEW CONDUCTED BY AN EXPERT OR CONSULTANT PROVIDING AN
28 EVALUATION ~~OF~~ OR OPINION ON THE ALLEGATIONS.

29 2. ANY RECORDS ON THE PATIENT OBTAINED BY THE BOARD FROM OTHER HEALTH
30 CARE PROVIDERS.

31 3. THE RESULTS OF ANY EVALUATIONS OR TESTS OF THE PHYSICIAN ASSISTANT
32 CONDUCTED AT THE BOARD'S DIRECTION.

33 4. ANY OTHER FACTUAL INFORMATION THAT THE BOARD WILL USE IN MAKING ITS
34 DETERMINATION.

35 ~~F.~~ I. After an ~~informal~~ THE FORMAL interview, the board may take the
36 following actions:

37 1. Dismiss if, in the opinion of the board, the information is without
38 merit.

39 2. File a ~~an~~ AN ADVISORY letter of concern. THE LICENSEE MAY FILE A
40 WRITTEN RESPONSE WITH THE BOARD WITHIN THIRTY DAYS AFTER RECEIVING THE
41 ADVISORY LETTER.

42 3. FILE A LETTER OF REPRIMAND.

43 ~~3.~~ 4. Issue a decree of censure, which constitutes an official action
44 against the physician assistant's license. A DECREE OF CENSURE IS A
45 DISCIPLINARY ACTION AGAINST THE PHYSICIAN ASSISTANT'S LICENSE AND MAY INCLUDE

1 A REQUIREMENT FOR RESTITUTION OF FEES TO A PATIENT RESULTING FROM VIOLATIONS
2 OF THIS CHAPTER OR RULES ADOPTED UNDER THIS CHAPTER.

3 ~~4.~~ 5. Enter into a stipulation with the physician assistant to
4 restrict or limit the physician assistant's practice or medical activities
5 in order to rehabilitate, RETRAIN OR ASSESS the physician assistant, protect
6 the public and ensure the physician assistant's ability to safely perform
7 health care tasks.

8 ~~5.~~ 6. Fix a period and terms of probation best adapted to protect the
9 public health and safety and rehabilitate or educate the physician assistant.
10 FAILURE TO COMPLY WITH ANY TERMS OF PROBATION IS CAUSE FOR INITIATING FORMAL
11 PROCEEDINGS PURSUANT TO TITLE 41, CHAPTER 6, ARTICLE 10. Probation may
12 include:

13 (a) Restrictions on the health care tasks the physician assistant may
14 perform. or

15 (b) Temporary suspension for not to exceed twelve months.

16 (c) RESTITUTION OF PATIENT FEES.

17 (d) EDUCATION OR REHABILITATION AT THE LICENSEE'S OWN
18 EXPENSE. ~~Failure to comply with any terms of probation is cause for~~
19 ~~initiating formal proceedings pursuant to title 41, chapter 6, article 10.~~

20 ~~G.~~ J. If the board finds that the information provided pursuant to
21 subsection A of this section warrants suspension or revocation of a physician
22 assistant's license, it shall immediately initiate formal proceedings for the
23 suspension or revocation of the license as provided in title 41, chapter 6,
24 article 10. The notice of complaint and hearing is fully effective by
25 mailing a true copy of the notice of complaint and hearing by certified mail
26 addressed to the physician assistant's last known address of record in the
27 board's files. The notice of complaint and hearing is complete at the time
28 of its deposit in the mail.

29 ~~H.~~ K. A physician assistant who after a formal hearing pursuant to
30 title 41, chapter 6, article 10 is found to be medically incompetent, guilty
31 of unprofessional conduct or mentally or physically unable to safely carry
32 out the physician assistant's approved health care tasks, or any combination
33 thereof OF THESE, is subject to censure, probation, suspension or revocation,
34 or any combination of these, for a period of time or permanently and under
35 conditions the board deems appropriate for the protection of the public
36 health and safety.

37 L. IN A FORMAL INTERVIEW PURSUANT TO SUBSECTION G OF THIS SECTION OR
38 IN A HEARING PURSUANT TO SUBSECTION J OF THIS SECTION, THE BOARD IN ADDITION
39 TO ANY OTHER ACTION MAY IMPOSE A CIVIL PENALTY IN THE AMOUNT OF NOT LESS THAN
40 THREE HUNDRED DOLLARS NOR MORE THAN TEN THOUSAND DOLLARS FOR EACH VIOLATION
41 OF THIS CHAPTER OR A RULE ADOPTED UNDER THIS CHAPTER.

42 ~~I.~~ M. ~~A~~ AN ADVISORY letter of concern is a public document and may
43 be used in future disciplinary actions against a physician assistant.

44 ~~J.~~ N. The board may charge the costs of a formal hearing to the
45 licensee if it finds the licensee in violation of this chapter.

1 ~~K. O. If the joint board on the regulation of physician assistants~~
2 acts to modify a physician assistant's prescription writing privileges, the
3 ~~joint board on the regulation of physician assistants~~ shall immediately
4 notify the Arizona state board of pharmacy and the United States drug
5 enforcement administration of this modification.

6 ~~L. P. If during the course of an investigation the board determines~~
7 that a criminal violation may have occurred involving the performance of
8 health care tasks, it shall provide evidence of the violation to the
9 appropriate criminal justice agency.

10 Q. THE BOARD MAY ACCEPT THE SURRENDER OF AN ACTIVE LICENSE FROM A
11 PERSON WHO ADMITS IN WRITING TO ANY OF THE FOLLOWING:

12 1. BEING UNABLE TO SAFELY ENGAGE IN THE PRACTICE OF MEDICINE.

13 2. HAVING COMMITTED AN ACT OF UNPROFESSIONAL CONDUCT.

14 3. HAVING VIOLATED THIS CHAPTER OR A BOARD RULE.

15 R. IN DETERMINING THE APPROPRIATE DISCIPLINARY ACTION UNDER THIS
16 SECTION, THE BOARD SHALL CONSIDER ALL PREVIOUS NONDISCIPLINARY AND
17 DISCIPLINARY ACTIONS AGAINST A LICENSEE.

18 Sec. 19. Section 32-2552, Arizona Revised Statutes, is amended to
19 read:

20 32-2552. Right to examine and copy evidence; subpoena
21 authority; right to counsel; confidentiality of
22 records

23 A. In connection with an investigation conducted by the board on its
24 own motion or as the result of information received pursuant to section
25 32-2551, subsection A, the board or its duly authorized agent or employee at
26 all reasonable times shall have access to, for the purpose of examination,
27 and the right to copy any documents, reports, records or other physical
28 evidence of any person being investigated or the reports, the records and any
29 other documents maintained by and in the possession of any hospital, clinic,
30 physician's office, physician assistant's office, laboratory, pharmacy,
31 health care institution as defined in section 36-401 or other public or
32 private agency if the documents, reports, records or evidence relate to a
33 physician assistant's medical competence, unprofessional conduct or mental
34 or physical ability to safely engage in the physician assistant's approved
35 health care tasks.

36 B. For the purpose of all investigations and proceedings conducted by
37 the board:

38 1. On its own motion or on application of a person involved in an
39 investigation, the board may issue subpoenas compelling the attendance and
40 testimony of witnesses or demanding the production of documents or any other
41 physical evidence for examination or copying if the evidence relates to the
42 medical incompetence, unprofessional conduct or mental or physical ability
43 of a physician assistant to safely perform health care tasks. Within five
44 days after service of a subpoena requiring the production of evidence in the
45 person's possession or under the person's control, the person may petition

1 the board to revoke, limit or modify the subpoena. The board shall do so if
2 it believes that the evidence required does not relate to violations of this
3 chapter, is not relevant to the subject matter of the hearing or
4 investigation or does not describe with sufficient particularity the physical
5 evidence requested.

6 2. A person appearing before the board may be represented by counsel.

7 3. A board member or agent designated by the board may administer
8 oaths or affirmations, examine witnesses and receive evidence.

9 4. On application by the board or by the person subpoenaed, the
10 superior court has jurisdiction to issue an order to do either of the
11 following:

12 (a) Require a person to appear before the board or its authorized
13 agent to produce evidence relating to the investigation.

14 (b) Revoke, limit or modify a subpoena if the court determines that
15 the evidence does not relate to a violation of this chapter, is not relevant
16 to the hearing or investigation or does not describe with sufficient
17 particularity the physical evidence requested.

18 C. The following items are not available to the public:

19 1. Patient records, including clinical records, medical reports and
20 laboratory statements and reports.

21 2. Files, films, reports or oral statements relating to diagnostic
22 findings or treatment of patients.

23 3. Any information from which a patient or the patient's family might
24 be identified.

25 4. Information received and records kept by the board in its
26 investigations.

27 D. This section and any other provision of law that makes
28 communications between a physician or a physician assistant and the physician
29 assistant's patient a privileged communication does not apply to
30 investigations or proceedings conducted pursuant to this chapter. The board
31 and its employees, agents and representatives shall keep in confidence the
32 names of any patients whose records are reviewed during the course of
33 investigations and proceedings pursuant to this chapter.

34 E. Hospital records, medical staff records, medical staff review
35 committee records, testimony concerning those records and proceedings related
36 to the creation of those records are not available to the public, shall be
37 kept confidential by the board and are subject to the same provisions of law
38 concerning discovery and use in legal actions as are the original records in
39 the possession and control of hospitals, medical staffs and medical staff
40 review committees.

41 F. AT THE PHYSICIAN ASSISTANT'S REQUEST, THE BOARD SHALL PROVIDE TO
42 THE PHYSICIAN ASSISTANT AND THE PHYSICIAN ASSISTANT'S ATTORNEY THE
43 INFORMATION LISTED IN SECTION 32-2551. A PERSON WHO OBTAINS INFORMATION FROM
44 THE BOARD PURSUANT TO THIS SUBSECTION SHALL NOT RELEASE IT TO ANY OTHER
45 PERSON OR ENTITY OR USE IT IN ANY PROCEEDING OR ACTION EXCEPT THE FORMAL

1 INTERVIEW AND ANY ADMINISTRATIVE PROCEEDING OR APPEALS RELATED TO THE FORMAL
2 INTERVIEW. THE BOARD MAY CHARGE THE PHYSICIAN ASSISTANT OR THE PHYSICIAN
3 ASSISTANT'S ATTORNEY FOR COPYING THE INFORMATION LISTED IN SECTION 32-2551.

4 Sec. 20. Title 32, chapter 25, article 4, Arizona Revised Statutes,
5 is amended by adding sections 32-2557 and 32-2558, to read:

6 32-2557. Disciplinary action; reciprocity

7 A. THE BOARD SHALL INITIATE AN INVESTIGATION PURSUANT TO SECTION
8 32-2551 IF A PROFESSIONAL REGULATORY BOARD IN ANOTHER JURISDICTION IN THE
9 UNITED STATES HAS TAKEN DISCIPLINARY ACTION AGAINST A LICENSEE FOR AN ACT
10 THAT OCCURRED IN THAT JURISDICTION THAT CONSTITUTES UNPROFESSIONAL CONDUCT
11 PURSUANT TO THIS CHAPTER.

12 B. THE BOARD SHALL ORDER THE SUMMARY SUSPENSION OF A LICENSE PENDING
13 PROCEEDINGS FOR REVOCATION OR OTHER ACTION IF A PROFESSIONAL REGULATORY BOARD
14 IN ANOTHER JURISDICTION IN THE UNITED STATES HAS TAKEN THE SAME ACTION
15 BECAUSE OF ITS BELIEF THAT THE PUBLIC HEALTH, SAFETY OR WELFARE IMPERATIVELY
16 REQUIRED EMERGENCY ACTION.

17 32-2558. Reinstatement of revoked license

18 A. ON WRITTEN APPLICATION THE BOARD MAY ISSUE A NEW LICENSE TO A
19 PHYSICIAN ASSISTANT WHOSE LICENSE WAS PREVIOUSLY REVOKED BY THE BOARD IF THE
20 APPLICANT DEMONSTRATES TO THE BOARD'S SATISFACTION THAT THE APPLICANT IS
21 COMPLETELY REHABILITATED WITH RESPECT TO THE CONDUCT THAT WAS THE BASIS FOR
22 THE REVOCATION. IN MAKING ITS DECISION THE BOARD SHALL DETERMINE:

23 1. THAT THE APPLICANT HAS NOT ENGAGED IN ANY CONDUCT DURING THE
24 REVOCATION PERIOD THAT WOULD HAVE CONSTITUTED A BASIS FOR REVOCATION PURSUANT
25 TO SECTION 32-2551.

26 2. IF A CRIMINAL CONVICTION WAS A BASIS OF THE REVOCATION, THAT THE
27 APPLICANT'S CIVIL RIGHTS HAVE BEEN FULLY RESTORED PURSUANT TO STATUTE OR ANY
28 OTHER APPLICABLE RECOGNIZED JUDICIAL OR GUBERNATORIAL ORDER.

29 3. THAT THE APPLICANT HAS MADE RESTITUTION TO ANY AGGRIEVED PERSON AS
30 ORDERED BY A COURT OF COMPETENT JURISDICTION.

31 4. THAT THE APPLICANT DEMONSTRATES ANY OTHER STANDARD OF
32 REHABILITATION THE BOARD DETERMINES IS APPROPRIATE.

33 B. EXCEPT AS PROVIDED IN SUBSECTION C OF THIS SECTION, A PERSON SHALL
34 NOT SUBMIT AN APPLICATION FOR REINSTATEMENT LESS THAN TWO YEARS AFTER THE
35 DATE OF REVOCATION.

36 C. THE BOARD SHALL VACATE ITS PREVIOUS ORDER TO REVOKE A LICENSE IF
37 THAT REVOCATION WAS BASED ON A CONVICTION OF A FELONY OR AN OFFENSE INVOLVING
38 MORAL TURPITUDE AND THAT CONVICTION HAS BEEN REVERSED ON APPEAL. THE
39 PHYSICIAN ASSISTANT MAY SUBMIT AN APPLICATION FOR REINSTATEMENT AS SOON AS
40 THE COURT ENTERS THE REVERSAL.

41 D. AN APPLICANT FOR REINSTATEMENT SHALL COMPLY WITH ALL INITIAL
42 LICENSING REQUIREMENTS PRESCRIBED BY THIS CHAPTER.

1 Sec. 21. Section 41-1092, Arizona Revised Statutes, is amended to
2 read:

3 41-1092. Definitions

4 In this article, unless the context otherwise requires:

5 1. "Administrative law judge" means an individual or an agency head,
6 board or commission that sits as an administrative law judge, that conducts
7 administrative hearings in a contested case or an appealable agency action
8 and that makes decisions regarding the contested case or appealable agency
9 action.

10 2. "Administrative law judge decision" means the findings of fact,
11 conclusions of law and recommendations or decisions issued by an
12 administrative law judge.

13 3. "Appealable agency action" means an action that determines the
14 legal rights, duties or privileges of a party and that is not preceded by an
15 opportunity for an administrative hearing. Appealable agency actions do not
16 include interim orders by self-supporting regulatory boards or rules, orders,
17 standards or statements of policy of general application issued by an
18 administrative agency to implement, interpret or make specific the
19 legislation enforced or administered by it, nor does it mean or include rules
20 concerning the internal management of the agency that do not affect private
21 rights or interests. For the purposes of this paragraph "administrative
22 hearing" does not include a public hearing held for the purpose of receiving
23 public comment on a proposed agency action.

24 4. "Director" means the director of the office of administrative
25 hearings.

26 5. "Final administrative decision" means a decision by an agency that
27 is subject to judicial review pursuant to title 12, chapter 7, article 6.

28 6. "Office" means the office of administrative hearings.

29 7. "Self-supporting regulatory board" means any one of the following:

30 (a) The state board of accountancy.

31 (b) The state board of appraisal.

32 (c) The board of barbers.

33 (d) The board of behavioral health examiners.

34 (e) The Arizona state boxing commission.

35 (f) The state board of chiropractic examiners.

36 (g) The board of cosmetology.

37 (h) The state board of dental examiners.

38 (i) The state board of funeral directors and embalmers.

39 (j) The Arizona game and fish commission.

40 (k) The board of homeopathic medical examiners.

41 (l) The allopathic board of medical examiners.

42 (m) The naturopathic physicians board of medical examiners.

43 (n) The state board of nursing.

44 (o) The board of examiners of nursing care institution administrators
45 and adult care home managers.

- 1 (p) The board of occupational therapy examiners.
2 (q) The state board of dispensing opticians.
3 (r) The state board of optometry.
4 (s) The Arizona board of osteopathic examiners in medicine and
5 surgery.
6 (t) The Arizona peace officer standards and training board.
7 (u) The Arizona state board of pharmacy.
8 (v) The board of physical therapy examiners.
9 (w) The state board of podiatry examiners.
10 (x) The state board for private postsecondary education.
11 (y) The state board of psychologist examiners.
12 (z) The board of respiratory care examiners.
13 (aa) The structural pest control commission.
14 (bb) The state board of technical registration.
15 (cc) The Arizona state veterinary medical examining board.
16 (dd) The acupuncture board of examiners.
17 (ee) THE REGULATORY BOARD OF PHYSICIAN ASSISTANTS.
18 (ff) THE BOARD OF ATHLETIC TRAINING.

19 Sec. 22. Section 41-3008.12, Arizona Revised Statutes, is amended to
20 read:

21 41-3008.12. Arizona regulatory board of physician assistants;
22 termination July 1, 2008

23 A. The joint ARIZONA REGULATORY board on the regulation of physician
24 assistants terminates on July 1, 2008.

25 B. Title 32, chapter 25 is repealed on January 1, 2009.

APPROVED BY THE GOVERNOR MAY 21, 2002.

FILED IN THE OFFICE OF THE SECRETARY OF STATE MAY 22, 2002.

Passed the House February 12, 2002

by the following vote: 50 Ayes,

9 Nays, 1 Not Voting

[Signature]
Speaker of the House

Norman L. Moore
Chief Clerk of the House

Passed the Senate April 10, 2002

by the following vote: 25 Ayes,

4 Nays, 1 Not Voting

[Signature]
President of the Senate

Chaimin Billington
Secretary of the Senate

**EXECUTIVE DEPARTMENT OF ARIZONA
OFFICE OF GOVERNOR**

This Bill was received by the Governor this

 day of , 20 ,

at o'clock M.

Secretary to the Governor

Approved this day of

 , 20 ,

at o'clock M.

Governor of Arizona

H.B. 2542

**EXECUTIVE DEPARTMENT OF ARIZONA
OFFICE OF SECRETARY OF STATE**

This Bill was received by the Secretary of State

this day of , 20 ,

at o'clock M.

Secretary of State

HOUSE FINAL PASSAGE
as per Joint Conference

Passed the House May 15, 2002,

by the following vote: 57 Ayes,

1 Nays, 2 Not Voting

[Signature]
Speaker of the House

Norman L. Moore
Chief Clerk of the House

SENATE FINAL PASSAGE
as per Joint Conference

Passed the Senate May 16, 2002,

by the following vote: 27 Ayes,

0 Nays, 3 Not Voting

[Signature]
President of the Senate

Charmine Bellington
Secretary of the Senate

EXECUTIVE DEPARTMENT OF ARIZONA
OFFICE OF GOVERNOR

This Bill was received by the Governor

this 17 day of May, 2002,

at 8:45 o'clock A M.

[Signature]
Secretary to the Governor

Approved this 21st day of

May, 2002,

at 12:40 o'clock P M.

[Signature]
Governor of Arizona

EXECUTIVE DEPARTMENT OF ARIZONA
OFFICE OF SECRETARY OF STATE

This Bill was received by the Secretary of State

this 22 day of May, 2002,

at 12:13 o'clock P M.

[Signature]
Secretary of State

H.B. 2542